

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

ADDRESS (number and street) ▼

PO Box 26141

☐ Check if different than previously reported. (ACC)

Alexandria

VA

22313

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00573154

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☒ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

01

01

2015

through

M M M /

D D D /

Y Y Y Y Y Y Y

06

30

2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Chris M. Marston

Signature of Treasurer

Chris M. Marston

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

07

31

2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
01 / 01 / 2015 To: M M / D D / Y Y Y Y Y Y
06 / 30 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2015		0.00
(b) Cash on Hand at Beginning of Reporting Period.....	0.00	
(c) Total Receipts (from Line 19)	3458670.78	3458670.78
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	3458670.78	3458670.78
7. Total Disbursements (from Line 31)	1323589.98	1323589.98
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	2135080.80	2135080.80
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y
01 01 2015

To:

M M / D D / Y Y Y Y Y
06 30 2015

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

2851913.63

2851913.63

(ii) Unitemized

103692.46

103692.46

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ►

2955606.09

2955606.09

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

502500.00

502500.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ►

3458106.09

3458106.09

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

564.69

564.69

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ►

3458670.78

3458670.78

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ►

3458670.78

3458670.78

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	1297880.85	1297880.85
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1297880.85	1297880.85
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	25709.13	25709.13
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	1323589.98	1323589.98
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1323589.98	1323589.98

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	3458106.09	3458106.09
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3458106.09	3458106.09
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	1297880.85	1297880.85
37. Offsets to Operating Expenditures (from Line 15, page 3).....	564.69	564.69
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	1297316.16	1297316.16

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 362

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. PETER F. BAKER

Mailing Address 691 MAIN ST

 City
 WATERTOWN

 State
 MA

 Zip Code
 02472-2125

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

 M M / D D / Y Y Y Y Y
 06 / 29 / 2015

Transaction ID : SA11.99965

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. JANNIS BALDWIN

Mailing Address 4500 CHRISTOPHER DR

 City
 AUSTIN

 State
 TX

 Zip Code
 78746-2448

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

 M M / D D / Y Y Y Y Y
 06 / 26 / 2015

Transaction ID : SA11.101692

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. DR. MICHAEL BALFE

Mailing Address 625 CARLYON AVE SE

 City
 OLYMPIA

 State
 WA

 Zip Code
 98501-3414

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

GROUP HEALTH PERMANENTE

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

 M M / D D / Y Y Y Y Y
 06 / 13 / 2015

Transaction ID : SA11.99573

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. RICHARD C BANKS

Mailing Address P.O. BOX 5146

City	State	Zip Code
SANTA BARBARA	CA	93150-5146

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	7		2	0	1	5

Transaction ID : SA11.82

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. DAVID BARAN

Mailing Address 636 FAIRWAY VIEW TERRACE

City	State	Zip Code
SOUTHLAKE	TX	76092-9549

FEC ID number of contributing
federal political committee.

C

Name of Employer

MOHAWK INDUSTRIES

Occupation

MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	7		2	0	1	5

Transaction ID : SA11.99902

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. MR. FRANK E. BAXTERMailing Address 11100 SANTA MONICA BLVD.
11TH FLOOR

City	State	Zip Code
LOS ANGELES	CA	90025-3384

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	4		2	0	1	5

Transaction ID : SA11.99293

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2750.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER:
 (check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. LINDA BEAN
 Mailing Address 1185 U.S. ROUTE 1
 SUITE 3

City	State	Zip Code
FREEPORT	ME	04032-7129

FEC ID number of contributing federal political committee.

C

 Name of Employer
 LINDA BEAN PERFECT MAINE LOBSTER

 Occupation
 OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

35000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	12	/	2015

Transaction ID : SA11.99284

Amount of Each Receipt this Period

35000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. JUDITH BEAUMONT

Mailing Address 4859 S. ATLANTIC AVE.

City	State	Zip Code
PONCE INLET	FL	32127-7207

FEC ID number of contributing federal political committee.

C

 Name of Employer
 RETIRED

 Occupation
 RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

Transaction ID : SA11.100039

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. MR. DENNIS S. BECK

Mailing Address 345 N. MAPLE DRIVE #280

City	State	Zip Code
BEVERLY HILLS	CA	90210-5183

FEC ID number of contributing federal political committee.

C

Name of Employer

BECK CAPITAL

 Occupation
 INVESTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	01	/	2015

Transaction ID : SA11.99438

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

38000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 9 OF 362
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. GREG BERVY

Mailing Address P.O. BOX 11468

City
BOZEMANState
MTZip Code
59719-1468FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

REAL ESTATE/ RANCH/FARM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	06	/	2015

Transaction ID : SA11.99493

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. BARBARA D BIGGI

Mailing Address P.O. BOX 29

City
HOCKLEYState
TXZip Code
77447-0029FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

SEMI-RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	26	/	2015

Transaction ID : SA11.101696

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. MR. DONALD BREN

Mailing Address PO BOX 3090

City
NEWPORT BEACHState
CAZip Code
92658-3090FEC ID number of contributing
federal political committee.

C

Name of Employer

IRVINE COMPANY

Occupation

CHAIRMAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05	/	22	/	2015

Transaction ID : SA11.99366

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

6250.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 362

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. CHARLES GRIFFIN CALE

Mailing Address P.O. BOX 688

City State Zip Code
 PACIFIC PALISADES CA 90272-0688

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PRIVATE INVESTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

8000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 13 / 2015

Transaction ID : SA11.7

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. CHARLES GRIFFIN CALE

Mailing Address P.O. BOX 688

City State Zip Code
 PACIFIC PALISADES CA 90272-0688

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PRIVATE INVESTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

8000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 22 / 2015

Transaction ID : SA11.99365

Amount of Each Receipt this Period

6000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. DEBORAH CARSTENS

Mailing Address 7101 N DESERT FAIRWAYS DR

City State Zip Code
 PARADISE VALLEY AZ 85253-3338

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 26 / 2015

Transaction ID : SA11.99871

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

8250.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 362

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. HENRY J. CARUSO

Mailing Address 912 BENEDICT CANYON DR

City State Zip Code
 BEVERLY HILLS CA 90210-2817

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 03 / 2015

Transaction ID : SA11.224

Amount of Each Receipt this Period

20000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. BILL CASE

Mailing Address 2051 WHYTE PARK AVE

City State Zip Code
 WALNUT CREEK CA 94595-1342

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 29 / 2015

Transaction ID : SA11.101208

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. BILL CASE

Mailing Address 2051 WHYTE PARK AVE

City State Zip Code
 WALNUT CREEK CA 94595-1342

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 29 / 2015

Transaction ID : SA11.101209

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

20500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. JOHN CATSIMATIDIS

Mailing Address 817 5TH AE

City
NEW YORK

State Zip Code
NY 10065-7254

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNITED REFINING CO

Occupation
CHAIRMAN & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 20 / 2015

Transaction ID : SA11.10

Amount of Each Receipt this Period

7500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. CURT CERVENY

Mailing Address 958 CONEFLOWER DR

City
GOLDEN

State Zip Code
CO 80401-9206

FEC ID number of contributing
federal political committee.

C

Name of Employer
TELEPHONE TOWNHALL MEETING

Occupation
SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 27 / 2015

Transaction ID : SA11.100786

Amount of Each Receipt this Period

500.00

CONTRIBUTION

MEETING VENUE & FOOD/BEVERAGES

Full Name (Last, First, Middle Initial)

C. SCOTT CHIPMAN

Mailing Address 2247 EMERALD ST

City
SAN DIEGO

State Zip Code
CA 92109-3746

FEC ID number of contributing
federal political committee.

C

Name of Employer
DESIGN SYNTHESIS

Occupation
DESIGNER CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 29 / 2015

Transaction ID : SA11.101215

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

8250.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. MRS. ELLOINE H. CLARK

Mailing Address 3716 MAPLEWOOD AVE.

City

DALLAS

State

TX

Zip Code

75205-2827

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5			0	8		2	0	1	5		

Transaction ID : SA11.247

Amount of Each Receipt this Period

50000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. MRS. ELLOINE H. CLARK

Mailing Address 3716 MAPLEWOOD AVE.

City

DALLAS

State

TX

Zip Code

75205-2827

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5			1	2		2	0	1	5		

Transaction ID : SA11.99286

Amount of Each Receipt this Period

50000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. ANDREW COHN

Mailing Address 6019 E MARIPOSA ST

City

SCOTTSDALE

State

AZ

Zip Code

85251-1935

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INVESTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5			1	9		2	0	1	5		

Transaction ID : SA11.99330

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

102500.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 362

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. KEN CONDAL

Mailing Address 44 ALEXANDRA WAY

City
CLINTON

State
NJ

Zip Code
08809-2625

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 22 / 2015

Transaction ID : SA11.102245

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. MARIA CONNOR

Mailing Address 36 ALLERTON ST.

City
BROOKLINE

State
MA

Zip Code
02445-7726

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

POLYVINYL FILMS

MARKETING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 27 / 2015

Transaction ID : SA11.101611

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. MARK CONSTANTIAN

Mailing Address 99 TWISS LANE

City
NASHUA

State
NH

Zip Code
03049-6569

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

SELF

PLASTIC SURGEON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 22 / 2015

Transaction ID : SA11.102246

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. MICHAEL COTIGNOLA

Mailing Address 201 COLUMBIA TURNPIKE

City

FLORHAM PARK

State

NJ

Zip Code

07932-1216

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

ATTORNEY

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	5		2	0	1	5

Transaction ID : SA11.17

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. SARA K CUMBELICH

Mailing Address 33 BELLEUVE AVENUE

City

PIEDMONT

State

CA

Zip Code

94611-3501

FEC ID number of contributing
federal political committee.

C

Name of Employer

CBRE

Occupation

REAL ESTATE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	5

Transaction ID : SA11.100076

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. LILLIAN CUNNINGHAM

Mailing Address 315 NORTH LA GRANGE ROAD

City

LA GRANGE PARK

State

IL

Zip Code

60526-1903

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	3		2	0	1	5

Transaction ID : SA11.106

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

10500.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. PETER CUNNIFF

Mailing Address 2870 E PAGE CT

City
GILBERTState
AZZip Code
85234-6395FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2015

Transaction ID : SA11.99995

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. ROBERT DAY

Mailing Address 729 BEL AIR RD

City
LOS ANGELESState
CAZip Code
90077-3005FEC ID number of contributing
federal political committee.

C

Name of Employer

OAKMONT CORPORATION

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		21		2015

Transaction ID : SA11.98

Amount of Each Receipt this Period

100000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. PAUL DICKSON

Mailing Address PO BOX 51367

City
SHREVEPORTState
LAZip Code
71135-1367FEC ID number of contributing
federal political committee.

C

Name of Employer

MORRIS & DICKSON CO., LLC

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		05		2015

Transaction ID : SA11.99487

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

106000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 OF 362

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. SANDY DORF

Mailing Address 2555 N PEARL
#1501

City State Zip Code
DALLAS TX 75201-2247

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 24 / 2015

Transaction ID : SA11.102015

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. GEORGE S DUNLOP

Mailing Address 1300 ARMY NAVY DRIVE

City State Zip Code
ARLINGTON VA 22202-2054

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 05 / 2015

Transaction ID : SA11.183

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. DR. KAREN DUVAL

Mailing Address 14915 RAMOS PLACE

City State Zip Code
PACIFIC PALISADES CA 90272-4461

FEC ID number of contributing
federal political committee.

C

Name of Employer

UCLA DEPT FAMILY MEDICINE

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 14 / 2015

Transaction ID : SA11.99306

Amount of Each Receipt this Period

4000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

4750.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. MR. DALE L. DYKEMA

Mailing Address 1963 VISTA CAUDAL

City	State	Zip Code
NEWPORT BEACH	CA	92660-3915

FEC ID number of contributing
federal political committee.

C

Name of Employer

TD SERVICE FINANCIAL

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	14	/	2015

Transaction ID : SA11.99294

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. SHARON EALEY

Mailing Address 9945 WHITEWOOD RD.

City	State	Zip Code
BRECKSVILLE	OH	44141-1676

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST
EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

Transaction ID : SA11.101042

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. BROCK EARNHARDT

Mailing Address 1738 E 43RD ST

City	State	Zip Code
DAVENPORT	IA	52807-1102

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

Transaction ID : SA11.99998

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. MR. JAMES L. EASTON

Mailing Address 10800 WILSHIRE BLVD.
#903

City State Zip Code
LOS ANGELES CA 90024-4205

FEC ID number of contributing
federal political committee.

C

Name of Employer
JAS D EASTON INC.

Occupation
EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 14 / 2015

Transaction ID : SA11.99295

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. MRS. PHYLLIS F. EASTON

Mailing Address 15141 MULHOLLAND DRIVE

City State Zip Code
LOS ANGELES CA 90077-1618

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
DESIGNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 14 / 2015

Transaction ID : SA11.99296

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. MICHAEL A. ENRIGHT

Mailing Address 72 FREMONT PL

City State Zip Code
LOS ANGELES CA 90005-3858

FEC ID number of contributing
federal political committee.

C

Name of Employer
CHARTWELL PARTNERS LLC

Occupation
EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 22 / 2015

Transaction ID : SA11.99364

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

11000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. PETER EWING

Mailing Address 7011 BISCAYNE AV

City

WHITE LAKE

State

MI

Zip Code

48383-2809

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	29	/	2015

Transaction ID : SA11.99939

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. MICHAEL FAHRENKRUG

Mailing Address 6615 BRAHMAN RD

City

LAS CRUCES

State

NM

Zip Code

88012-6102

FEC ID number of contributing
federal political committee.

C

Name of Employer

CALCULEX

Occupation

SOLDER TECH

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	12	/	2015

Transaction ID : SA11.99556

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. ANDREW FORTIN

Mailing Address 5401 N. CENTRAL EXPRESSWAY, SUITE

City

DALLAS

State

TX

Zip Code

75205-3379

FEC ID number of contributing
federal political committee.

C

Name of Employer

ASSOCIA

Occupation

EXECUTIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	27	/	2015

Transaction ID : SA11.100774

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

5750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. MARTHA C. FRANSSON

Mailing Address 11 DODGE DR

City

WEST HARTFORD

State

CT

Zip Code

06107-1009

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 06 / 19 / 2015

Transaction ID : SA11.99703

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. PETER GASLOWMailing Address 105 MADISON AVE
FL 15

City

NEW YORK

State

NY

Zip Code

10016-7418

FEC ID number of contributing
federal political committee.

C

Name of Employer

EMPIRE OFFICE

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 04 / 04 / 2015

Transaction ID : SA11.6

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. MS. SUZANNE ROSS GILISON

Mailing Address 609 17TH STREET

City

SANTA MONICA

State

CA

Zip Code

90402-3009

FEC ID number of contributing
federal political committee.

C

Name of Employer

INTERNET BRANDS, INC.

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 05 / 14 / 2015

Transaction ID : SA11.99307

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

20250.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 OF 362

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. MRS. LESLIE F. GILLIAM

Mailing Address P.O. BOX 820

City
KESWICKState
VAZip Code
22947-0820FEC ID number of contributing
federal political committee.

C

Name of Employer

CUMBERLAND DEVELOPMENT

Occupation

MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		09		2015

Transaction ID : SA11.99520

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. LANCE GILMANMailing Address 5 WILD HORSE CANYON DRIVE
505 USA PARKWAYCity
SPARKSState
NVZip Code
89434-9701FEC ID number of contributing
federal political committee.

C

Name of Employer

L LANCE GILMAN COMMERCIAL REAL
ESTATE

Occupation

REAL ESTATE DEVELOPMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		29		2015

Transaction ID : SA11.101286

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. MR. SAMUEL L. GINNMailing Address 400 S EL CAMINO REAL
STE 1400City
SAN MATEOState
CAZip Code
94402-1740FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		24		2015

Transaction ID : SA11.99282

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

21000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. HARVEY GOLUB

Mailing Address 3399 PGA BLVD

City	State	Zip Code
PALM BEACH GARDENS	FL	33410-2819

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	18	/	2015

Transaction ID : SA11.99690

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. SHELDON GOODMAN

Mailing Address 123 MEADOW LANE

City	State	Zip Code
OLON	OH	44139-1444

FEC ID number of contributing
federal political committee.

C

Name of Employer

SPECTRUM DIVERSIFIED DESIGNS

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	20	/	2015

Transaction ID : SA11.93

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. JAMES GOSS

Mailing Address 7 EAGLE LANDING CT

City	State	Zip Code
PARK CITY	UT	84060-6862

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

REAL ESTATE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	18	/	2015

Transaction ID : SA11.99689

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

12500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. DAVID GREENWALT

Mailing Address 11170 AQUA VISTA STREET #A102

City	State	Zip Code
NORTH HOLLYWOOD	CA	91602-3128

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			23			2015			

Transaction ID : SA11.102098

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. LAWRENCE GREER

Mailing Address 1576 BELLA CRUZ DR #319

City	State	Zip Code
THE VILLAGES	FL	32159-8969

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

GOLD COAST SCHOOLS

MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			11			2015			

Transaction ID : SA11.99538

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. SUSAN L. GROFF

Mailing Address 9832 CALVIN AVE

City	State	Zip Code
NORTHRIDGE	CA	91324-1619

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

NORTHWEST EXCAVATING CO, INC.

CONTRACTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
05			06			2015			

Transaction ID : SA11.221

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

11500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 25 OF 362

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. THOMAS R. GROSS JR

Mailing Address 2700 CRAFTON PARK

City

UPPER ARLINGTON

State

OH

Zip Code

43221-3629

FEC ID number of contributing
federal political committee.

C

Name of Employer

G&J PEPSI-COLA BOTTLERS INC

Occupation

SENIOR VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		2	6		2	0	1	5		

Transaction ID : SA11.99890

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. MR. PAUL G. HAAGA JR.

Mailing Address 1743 FAIRMOUNT AVE

City

LA CANADA

State

CA

Zip Code

91011-1633

FEC ID number of contributing
federal political committee.

C

Name of Employer

CAPITAL RESEARCH AND MANAGEMENT
CO.

Occupation

CHAIRMAN (RETIRED)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

8000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5		2	2		2	0	1	5		

Transaction ID : SA11.99354

Amount of Each Receipt this Period

8000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. STEVE HALE

Mailing Address BOX 428

City

MIAMI

State

TX

Zip Code

79059-0428

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

AG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		2	9		2	0	1	5		

Transaction ID : SA11.101299

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

8500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER:
 (check only one)

PAGE 26 OF 362

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. RUPERT HALL

Mailing Address 1025 BRISTOL AVE

 City
 STOCKTON

 State
 CA

 Zip Code
 95204-3005

 FEC ID number of contributing
 federal political committee.

C

 Name of Employer
 M.J.HALL & COMPANY

 Occupation
 INSURANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

 M M / D D / Y Y Y Y Y
 02 / 25 / 2015

Transaction ID : SA11.16

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. HOWARD HALLENGREN
 Mailing Address 5555 N. SHERIDAN RD.
 APT. 1603

 City
 CHICAGO

 State
 IL

 Zip Code
 60640-1628

 FEC ID number of contributing
 federal political committee.

C

 Name of Employer
 RETIRED

 Occupation
 RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

 M M / D D / Y Y Y Y Y
 06 / 25 / 2015

Transaction ID : SA11.101869

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. JACK HALPERN
 Mailing Address 160 W 66TH ST
 APT 51A

 City
 NEW YORK

 State
 NY

 Zip Code
 10023-0073

 FEC ID number of contributing
 federal political committee.

C

 Name of Employer
 SELF

 Occupation
 BUILDER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2700.00

Date of Receipt

 M M / D D / Y Y Y Y Y
 04 / 03 / 2015

Transaction ID : SA11.5

Amount of Each Receipt this Period

2700.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5450.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 OF 362

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. WILLIAM LEE HANLEY JR.

Mailing Address 250 JUNGLE RD

City

PALM BEACH

State

FL

Zip Code

33480-4812

FEC ID number of contributing
federal political committee.

C

Name of Employer

LEXINGTON MANAGEMENT GROUP, INC.

Occupation

MANAGER

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	4			3	0		2	0	1	5		

Transaction ID : SA11.209

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. MR. DAVID HANNA

Mailing Address 43 POST

City

IRVINE

State

CA

Zip Code

92618-5216

FEC ID number of contributing
federal political committee.

C

Name of Employer

HANNA CAPITAL MANAGEMENT

Occupation

CHAIRMAN

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5			1	4		2	0	1	5		

Transaction ID : SA11.99297

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. MRS. VIRGINIA L. HANNA

Mailing Address 43 POST

City

IRVINE

State

CA

Zip Code

92618-5216

FEC ID number of contributing
federal political committee.

C

Name of Employer

HANNA CAPITAL MANAGEMENT

Occupation

EXECUTIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5			1	4		2	0	1	5		

Transaction ID : SA11.99298

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

25000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 OF 362

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. SCOTT HARKEY

Mailing Address 4968 OLD OAK DRIVE

City
BENTON

State Zip Code
LA 71006-9366

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

SBO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 25 / 2015

Transaction ID : SA11.101873

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. ADM. THOMAS B. HAYWARD

Mailing Address 900 UNIVERSITY ST

City
SEATTLE

State Zip Code
WA 98101-2797

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 25 / 2015

Transaction ID : SA11.99852

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. SCOTT HENNIGAR

Mailing Address 2730 NE 26 ST

City
LIGHTHOUSE POINT

State Zip Code
FL 33064-8312

FEC ID number of contributing
federal political committee.

C

Name of Employer

HERITAGE INSURANCE

Occupation

DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 15 / 2015

Transaction ID : SA11.99607

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2250.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 29 OF 362

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. ALAN HERBERT

Mailing Address 2399 GULF OF MEXICO DRIVE, 3B1

City

LONGBOAT KEY

State

FL

Zip Code

34228-3276

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFF

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			23			2015			

Transaction ID : SA11.102108

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. SUSAN H. HILLGREN

Mailing Address 135 HARBOR ISLAND RD

City

NEWPORT BEACH

State

CA

Zip Code

92660-7204

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
05			03			2015			

Transaction ID : SA11.228

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. SYDNEY HOLLAND

Mailing Address 14047 AUBREY RD

City

BEVERLY HILLS

State

CA

Zip Code

90210-1065

FEC ID number of contributing
federal political committee.

C

Name of Employer

RICH HIPPIE PRODUCTIONS

Occupation

PRODUCER

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

8000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
05			07			2015			

Transaction ID : SA11.235

Amount of Each Receipt this Period

8000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

18250.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. WILLIAM HOLT

Mailing Address 1630 CAMPMEETING ROAD

City

SEWICKLEY

State

PA

Zip Code

15143-8415

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	22	/	2015

Transaction ID : SA11.102325

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. DAVID L. HOROWITZMailing Address 27241 LA PAZ RD
STE B

City

LAGUNA NIGUEL

State

CA

Zip Code

92677-3636

FEC ID number of contributing
federal political committee.

C

Name of Employer

HOROWITZ GROUP

Occupation

CHAIRMAN

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	03	/	2015

Transaction ID : SA11.225

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. WILLIAM HUDSON

Mailing Address 18 VALLEY RIDGE ROAD

City

FORT WORTH

State

TX

Zip Code

76107-3111

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

Transaction ID : SA11.100011

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

10500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

<p>Full Name (Last, First, Middle Initial) A. FRANKLIN P. JOHNSON</p> <p>Mailing Address 1411 EDGEWOOD DR</p> <p>City PALO ALTO State CA Zip Code 94301-3118</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer SELF Occupation ASSET MANAGEMENT COMPANY</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 15000.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 04 / 13 / 2015</p> <p>Transaction ID : SA11.8</p> <p>Amount of Each Receipt this Period 15000.00</p> <p>CONTRIBUTION</p>	
<p>Full Name (Last, First, Middle Initial) B. MR. MICHAEL O. JOHNSON</p> <p>Mailing Address 10560 WILSHIRE BLVD. SUITE 1906</p> <p>City LOS ANGELES State CA Zip Code 90024-7315</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer HERBALIFE Occupation CHAIRMAN & CEO</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 2000.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 05 / 14 / 2015</p> <p>Transaction ID : SA11.99308</p> <p>Amount of Each Receipt this Period 2000.00</p> <p>CONTRIBUTION</p>	
<p>Full Name (Last, First, Middle Initial) C. PAUL JOHNSON</p> <p>Mailing Address 215 PITNEY PLACE</p> <p>City MORRISTOWN State NJ Zip Code 07960-6194</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer MUNICH RE AMERICA Occupation ACTUARY</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 05 / 04 / 2015</p> <p>Transaction ID : SA11.176</p> <p>Amount of Each Receipt this Period 250.00</p> <p>CONTRIBUTION</p>	
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			17250.00	
<p>TOTAL This Period (last page this line number only)..... ▶</p>				

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. RONALD JOHNSON

Mailing Address 81 MARLAND ROAD SOUTH

City State Zip Code
 COLORADO SPRINGS CO 80906-4348

FEC ID number of contributing
federal political committee.

C

Name of Employer
 CENTRAL BANCORP

Occupation
 CLERK

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

06 / 10 / 2015

Transaction ID : SA11.99528

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. CHARLES SNOWDEN JONES

Mailing Address BROAD BROOK RD

City State Zip Code
 BEDFORD HILLS NY 10507-

FEC ID number of contributing
federal political committee.

C

Name of Employer
 BEDFORD FUNDING CAPITAL MGT

Occupation
 INVESTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

04 / 01 / 2015

Transaction ID : SA11.2

Amount of Each Receipt this Period

100000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. MR. G. BRADFORD JONES

Mailing Address 11150 SANTA MONICA BLVD SUITE 1200
 SUITE 1200

City State Zip Code
 LOS ANGELES CA 90025-3386

FEC ID number of contributing
federal political committee.

C

Name of Employer
 REDPOINT VENTURES CAPITAL

Occupation
 VENTURE CAPITALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

05 / 22 / 2015

Transaction ID : SA11.99353

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

104500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. THOMAS C. JONES

Mailing Address 4831 SW PARKGATE BLVD

City

PALM CITY

State

FL

Zip Code

34990-

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 22 / 2015

Transaction ID : SA11.99776

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. KEVIN D. KESTER

Mailing Address SLACK CANYON RD

City

PARKFIELD

State

CA

Zip Code

93451-

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

RANCHER

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 03 / 2015

Transaction ID : SA11.226

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. DALE KINGMAN

Mailing Address 3215 84TH AVE SE

City

MERCER ISLAND

State

WA

Zip Code

98040-3017

FEC ID number of contributing
federal political committee.

C

Name of Employer

GORDON TILDEN ET AL

Occupation

ATTORNEY

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 25 / 2015

Transaction ID : SA11.101746

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

2500.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 34 OF 362
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. GARY KIRKE

Mailing Address 5465 MILLS CIVIC PKWY

City	State	Zip Code
WEST DES MOINES	IA	50266-5318

FEC ID number of contributing
federal political committee.

C

Name of Employer

KIRKE FINANCIAL

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

Transaction ID : SA11.99992

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. DAVID KIRKPATRICK

Mailing Address 5737 FULKERTH RD.

City	State	Zip Code
TURLOCK	CA	95380-9592

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST
EFFORTS

Occupation

SMALL BUSINESS OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	29	/	2015

Transaction ID : SA11.101345

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. CHERYL S. KLEINMailing Address 475 W 12TH AVE
UNIT 6G

City	State	Zip Code
DENVER	CO	80204-3686

FEC ID number of contributing
federal political committee.

C

Name of Employer

WALT KLEIN AND ASSOC

Occupation

ADVERTISING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

Transaction ID : SA11.100328

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

<p>Full Name (Last, First, Middle Initial) A. WALTER C. KLEIN</p> <p>Mailing Address 475 W 12TH AVE UNIT 6G</p> <p>City State Zip Code DENVER CO 80204-3686</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation WALT KLEIN AND ASSOC ADVERTISING</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 06 / 30 / 2015</p> <p>Transaction ID : SA11.100329</p> <p>Amount of Each Receipt this Period 500.00</p> <p>CONTRIBUTION</p>
<p>Full Name (Last, First, Middle Initial) B. OLIVER KLINGER</p> <p>Mailing Address 10828 BRENNER CREEK COURT</p> <p>City State Zip Code HOUSTON TX 77079-7300</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation OILDOM PUBLISHING CO. PUBLISHER</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 300.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 05 / 12 / 2015</p> <p>Transaction ID : SA11.99274</p> <p>Amount of Each Receipt this Period 300.00</p> <p>CONTRIBUTION</p>
<p>Full Name (Last, First, Middle Initial) C. JOHN W. KOEBERER</p> <p>Mailing Address PO BOX 1088</p> <p>City State Zip Code CALISTOGA CA 94515-6088</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation THE CALIFORNIA PARKS CO PARK CONCESSIONAIRE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1000.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 05 / 06 / 2015</p> <p>Transaction ID : SA11.229</p> <p>Amount of Each Receipt this Period 1000.00</p> <p>CONTRIBUTION</p>
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>		<p>1800.00</p>
<p>TOTAL This Period (last page this line number only)..... ▶</p>		

SCHEDULE A (FEC Form 3X)
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. D. VIRGINIA KOULOSMailing Address 1310 JONES ST
UNIT 602

City	State	Zip Code
SAN FRANCISCO	CA	94109-4194

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	27	/	2015

Transaction ID : SA11.218

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. LEO PAUL KOULOSMailing Address 315 MONTGOMERY ST
STE 917

City	State	Zip Code
SAN FRANCISCO	CA	94104-1856

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	03	/	2015

Transaction ID : SA11.227

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. ROBERT KRUMME

Mailing Address 902 EUCLID AVE.

City	State	Zip Code
BERKELEY	CA	94708-1414

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENERIC EMPLOYER

Occupation

GENERIC SERVER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	22	/	2015

Transaction ID : SA11.101

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2100.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. ROBERT KRUMME

Mailing Address 902 EUCLID AVE.

City

BERKELEY

State

CA

Zip Code

94708-1414

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENERIC EMPLOYER

Occupation

GENERIC SERVER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	6		2	0	1	5

Transaction ID : SA11.207

Amount of Each Receipt this Period

150.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. ROBERT KRUMME

Mailing Address 902 EUCLID AVE.

City

BERKELEY

State

CA

Zip Code

94708-1414

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENERIC EMPLOYER

Occupation

GENERIC SERVER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	8		2	0	1	5

Transaction ID : SA11.99389

Amount of Each Receipt this Period

100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. STEVEN LADIK

Mailing Address 7326 LAKEWOOD BLVD

City

DALLAS

State

TX

Zip Code

75214-3512

FEC ID number of contributing
federal political committee.

C

Name of Employer

FRAGOMEN, DELREY, BERNSSEN & LOEWY

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	4		2	0	1	5

Transaction ID : SA11.168

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

1250.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. STEVEN LADIK

Mailing Address 7326 LAKEWOOD BLVD

City
DALLASState
TXZip Code
75214-3512FEC ID number of contributing
federal political committee.

C

Name of Employer

FRAGOMEN, DELREY, BERNSEN & LOEWY

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		14		2015

Transaction ID : SA11.80

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. RICHARD T. LEE

Mailing Address P.O. BOX 2113

City
ORLANDOState
FLZip Code
32802-2113FEC ID number of contributing
federal political committee.

C

Name of Employer

LEE VISTA, INC.

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		03		2015

Transaction ID : SA11.13

Amount of Each Receipt this Period

25000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. MICHAEL LEFFELL

Mailing Address 216 EAST 45TH STREET

City
NEWState
NYZip Code
10011-FEC ID number of contributing
federal political committee.

C

Name of Employer

PORTAGE ADVISORS

Occupation

ADVISOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		18		2015

Transaction ID : SA11.38

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

30250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. EDDIE LEON

Mailing Address 18 SUFFOLK CT

City
BEDFORD

State
NH

Zip Code
03110-6540

FEC ID number of contributing
federal political committee.

C

Name of Employer

LA CARRETA DERRY

Occupation

RESTAURANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 22 / 2015

Transaction ID : SA11.103

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. GERALD S. LEVEY

Mailing Address 1100 STRADELLA RD

City
LA

State
CA

Zip Code
90077-2610

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 14 / 2015

Transaction ID : SA11.99299

Amount of Each Receipt this Period

4000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. PHIL LIEBHERZ

Mailing Address 1600 W. HILLSDALE BLVD

City
SAN MATEO

State
CA

Zip Code
94402-3768

FEC ID number of contributing
federal political committee.

C

Name of Employer

LISI INC.

Occupation

INSURANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 06 / 2015

Transaction ID : SA11.71

Amount of Each Receipt this Period

25000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

29500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. WAYNE LINDHOLM

Mailing Address 25 VISTA MONTEMAR

City

LAGUNA NIGUEL

State

CA

Zip Code

92677-7954

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 27 / 2015

Transaction ID : SA11.217

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. GEN. WILLIAM LYON

Mailing Address 2695 MACARTUR CT
88TH FLOOR

City

NEW PORT BEACH

State

CA

Zip Code

92660-

FEC ID number of contributing
federal political committee.

C

Name of Employer

WILLIAM LYON HOMES

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

05 / 14 / 2015

Transaction ID : SA11.99300

Amount of Each Receipt this Period

25000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. GERARD MACKEY

Mailing Address 21 BUTLER PL APT 3F

City

BROOKLYN

State

NY

Zip Code

11238-5122

FEC ID number of contributing
federal political committee.

C

Name of Employer

FED GOV'T

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

06 / 14 / 2015

Transaction ID : SA11.99625A

Amount of Each Receipt this Period

50.00

CONTRIBUTION

CHARGED BACK \$50.00 ON 06/16/2015

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

26050.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. GERARD MACKEY

Mailing Address 21 BUTLER PL APT 3F

City

BROOKLYN

State

NY

Zip Code

11238-5122

FEC ID number of contributing
federal political committee.

C

Name of Employer

FED GOV'T

Occupation

ATTORNEY

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

06 / 16 / 2015

Transaction ID : SA11.99625B

Amount of Each Receipt this Period

-50.00

CONTRIBUTION

CHARGED BACK

Full Name (Last, First, Middle Initial)

B. MR. DOUG MANCHESTER

Mailing Address 350 CAMINO DE LA REINA

City

SAN DIEGO

State

CA

Zip Code

92108-3003

FEC ID number of contributing
federal political committee.

C

Name of Employer

MANCHESTER FINANCIAL GORUP

Occupation

CHAIRMAN

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

06 / 08 / 2015

Transaction ID : SA11.99514

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. PAPA DOUG MANCHESTER

Mailing Address 350 CAMINO DE LA REINA

City

SAN DIEGO

State

CA

Zip Code

92108-3003

FEC ID number of contributing
federal political committee.

C

Name of Employer

MANCHESTER FINANCIAL GROUP

Occupation

CHAIRMAN

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

05 / 06 / 2015

Transaction ID : SA11.222

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

12450.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. THOMAS F. MC GARRITY

Mailing Address 400 STANWICH RD

City

GREENWICH

State

CT

Zip Code

06830-3548

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

Transaction ID : SA11.100096

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. CYNTHIA MCCAGUE

Mailing Address 258 GOLDEN GATE PT, 501

City

SARASOTA

State

FL

Zip Code

34236-6200

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	07	/	2015

Transaction ID : SA11.233

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. T.J. MCCARTHY

Mailing Address 706 MCKINLEY LANE

City

HINSDALE

State

IL

Zip Code

60521-4829

FEC ID number of contributing
federal political committee.

C

Name of Employer

MCCARTHY AND ASSOCIATES

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	25	/	2015

Transaction ID : SA11.101907

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

4000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 43 OF 362
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. MILDRED ROY MCELLIGOTT

Mailing Address 127 SHANNON RD

City
LAFAYETTEState Zip Code
LA 70503-3510FEC ID number of contributing
federal political committee.

C

Name of Employer
MACRO COMPANIESOccupation
OWNER/EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	30	/	2015

Transaction ID : SA11.100103

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. JOSEPH MCKENNEY

Mailing Address 24 STONE PADDOCK PL

City
BEDFORDState Zip Code
NY 10506-1058FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER BEST
EFFORTSOccupation
INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	22	/	2015

Transaction ID : SA11.102397

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. LINDA MCMAHON

Mailing Address 14 HURLINGHAM DRIVE

City
GREENWICHState Zip Code
CT 06831-2739FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYEDOccupation
EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	29	/	2015

Transaction ID : SA11.99953

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

11500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. MRS. DIANE M. MENDEZ-PADELFORD

Mailing Address 18104 S. SUMMER AVENUE

City
ARTESIAState
CAZip Code
90701-3913FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5		2	2		2	0	1	5		

Transaction ID : SA11.99363

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. ROBERT MIANO

Mailing Address 1680 ROUTE 23 NORTH

City
WAYNEState
NJZip Code
07470-7501FEC ID number of contributing
federal political committee.

C

Name of Employer

HARVEY NASH

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		2	7		2	0	1	5		

Transaction ID : SA11.99897

Amount of Each Receipt this Period

2700.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. ANNE C MILLER

Mailing Address 35 EAST 75 ST APT 7A

City
NEW YORKState
NYZip Code
10021-2762FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		2	5		2	0	1	5		

Transaction ID : SA11.101912

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

4200.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. JOHN MILLER

Mailing Address 40 WESTLAND AVENUE

City

WINCHESTER

State

MA

Zip Code

01890-3472

FEC ID number of contributing
federal political committee.

C

Name of Employer

IRONSIDE LAW GROUP LLC

Occupation

LAWYER

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 25 / 2015

Transaction ID : SA11.101913

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. KEITH MILLIGAN

Mailing Address 3745C US HIGHWAY 80 W

City

PHENIX CITY

State

AL

Zip Code

36870-6423

FEC ID number of contributing
federal political committee.

C

Name of Employer

PIGGLY WIGGLY

Occupation

GROCER

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 05 / 2015

Transaction ID : SA11.200

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. MRS. KATHRYN K. MOORE

Mailing Address 88 LINDA ISLE

City

NEWPORT BEACH

State

CA

Zip Code

92660-7209

FEC ID number of contributing
federal political committee.

C

Name of Employer

MY STYLE 2020

Occupation

CEO

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 11 / 2015

Transaction ID : SA11.99543

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

16500.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. ROBERT MOTTICE

Mailing Address 20830 E.PLEASANT LAKE ROAD

City

MANCHESTER

State

MI

Zip Code

48158-9726

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		26		2015

Transaction ID : SA11.101759

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. MICHAEL MUGEL

Mailing Address 1234 E. 17TH ST

City

SANTA ANA

State

CA

Zip Code

92701-2612

FEC ID number of contributing
federal political committee.

C

Name of Employer

RED MOUNTAIN GROUP

Occupation

CEO

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		21		2015

Transaction ID : SA11.95

Amount of Each Receipt this Period

100000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. GEOFFREY MULLER

Mailing Address P.O. BOX 420848

City

SUMMERLAND KEY

State

FL

Zip Code

33042-0848

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

NONE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		25		2015

Transaction ID : SA11.99826

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

100750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 47 OF 362
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. CHARLES T. MUNGER JR.

Mailing Address 1423 HAMILTON AVE

City

PALO ALTO

State

CA

Zip Code

94301-3150

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

PHYSICIST

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			08			2015			

Transaction ID : SA11.99516

Amount of Each Receipt this Period

100000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. STEPHANIE MURPHY

Mailing Address 7520 EASTRIDGE DRIVE

City

LA MESA

State

CA

Zip Code

91941-7880

FEC ID number of contributing
federal political committee.

C

Name of Employer

PAREXEL

Occupation

DIRECTOR REGULATORY AFFAIRS

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			22			2015			

Transaction ID : SA11.99681

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. JOSEPH NOGA

Mailing Address 9506 HUNT CLUB LANE

City

CHATSWORTH

State

CA

Zip Code

91311-2683

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			29			2015			

Transaction ID : SA11.101420

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

100750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. MICHAEL NOVOGRADAC

Mailing Address 244 GLORIETTA BLVD.

City

ORINDA

State

CA

Zip Code

94563-3547

FEC ID number of contributing
federal political committee.

C

Name of Employer

NOVOGRADAC & COMPANY LLP

Occupation

REAL ESTATE CPA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

04 / 06 / 2015

Transaction ID : SA11.70

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. LEONARD NUNNINK

Mailing Address 430 W 58TH ST

City

KANSAS CITY

State

MO

Zip Code

64113-1240

FEC ID number of contributing
federal political committee.

C

Name of Employer

ACCESS ADVERTISING

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 29 / 2015

Transaction ID : SA11.131

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. LEONARD I. NUNNICK

Mailing Address 430 WEST 58TH STREET

City

KANSAS CITY

State

MO

Zip Code

64113-1240

FEC ID number of contributing
federal political committee.

C

Name of Employer

ACCESS ADVERTISING

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 14 / 2015

Transaction ID : SA11.99291

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

4000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. TOM OLDS

Mailing Address 56 GOLDEN EAGLE

City

IRVINE

State

CA

Zip Code

92603-0309

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENERATION HEALTHCARE

Occupation

EXECUTIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

20000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2015

Transaction ID : SA11.100013

Amount of Each Receipt this Period

20000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. JOSEPH OLSON

Mailing Address 2247 ROSELAWN AVE. W.

City

ROSEVILLE

State

MN

Zip Code

55113-5347

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 02 / 2015

Transaction ID : SA11.99449

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. MR. PAUL S. OTELLINI

Mailing Address 2559 GREEN STREET

City

SAN FRANCISCO

State

CA

Zip Code

94123-4628

FEC ID number of contributing
federal political committee.

C

Name of Employer

INTEL CORPORATION

Occupation

CEO

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 27 / 2015

Transaction ID : SA11.99283

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

26000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. SCOTT OVELMEN

Mailing Address 11706 WENDOVER LANE

City
HOUSTON

State
TX

Zip Code
77024-5114

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 05 / 2015

Transaction ID : SA11.184

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. MRS. EDITH P. PALMER

Mailing Address 282 LAROE RD.

City
CHESTER

State
NY

Zip Code
10918-2435

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 18 / 2015

Transaction ID : SA11.99685

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. CYNTHIA PEARCE

Mailing Address PO BOX 1830

City
HOBBS

State
NM

Zip Code
88241-1830

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

06 / 30 / 2015

Transaction ID : SA11.100098

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. MR. A JERROLD PERENCHIO

Mailing Address 1999 AVENUE OF THE STARS
STE 3050

City State Zip Code
LOS ANGELES CA 90067-4613

FEC ID number of contributing
federal political committee.

C

Name of Employer
CHARTWELLPARTNERS LLC

Occupation
BUSINESSMAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1567127.58

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 02 / 2015

Transaction ID : SA11.1

Amount of Each Receipt this Period

1000000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. MR. A JERROLD PERENCHIO

Mailing Address 1999 AVENUE OF THE STARS
STE 3050

City State Zip Code
LOS ANGELES CA 90067-4613

FEC ID number of contributing
federal political committee.

C

Name of Employer
CHARTWELLPARTNERS LLC

Occupation
BUSINESSMAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1567127.58

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 31 / 2015

Transaction ID : SA11.100003

Amount of Each Receipt this Period

6250.00

CONTRIBUTION

FUNDRAISING SERVICES

Full Name (Last, First, Middle Initial)

C. MR. A JERROLD PERENCHIO

Mailing Address 1999 AVENUE OF THE STARS
STE 3050

City State Zip Code
LOS ANGELES CA 90067-4613

FEC ID number of contributing
federal political committee.

C

Name of Employer
CHARTWELLPARTNERS LLC

Occupation
BUSINESSMAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1567127.58

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2015

Transaction ID : SA11.100004

Amount of Each Receipt this Period

20000.00

CONTRIBUTION

FUNDRAISING SERVICES

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1026250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. MR. A JERROLD PERENCHIO

Mailing Address 1999 AVENUE OF THE STARS
STE 3050

City State Zip Code
LOS ANGELES CA 90067-4613

FEC ID number of contributing
federal political committee.

C

Name of Employer
CHARTWELLPARTNERS LLC

Occupation
BUSINESSMAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1567127.58

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 11 / 2015

Transaction ID : SA11.100005

Amount of Each Receipt this Period

8377.58

CONTRIBUTION

FUNDRAISING EVENT CATERING, VENUE,
SUPPLIES

Full Name (Last, First, Middle Initial)

B. MR. A JERROLD PERENCHIO

Mailing Address 1999 AVENUE OF THE STARS
STE 3050

City State Zip Code
LOS ANGELES CA 90067-4613

FEC ID number of contributing
federal political committee.

C

Name of Employer
CHARTWELLPARTNERS LLC

Occupation
BUSINESSMAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1567127.58

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 31 / 2015

Transaction ID : SA11.100006

Amount of Each Receipt this Period

17500.00

CONTRIBUTION

FUNDRAISING SERVICES

Full Name (Last, First, Middle Initial)

C. MR. A JERROLD PERENCHIO

Mailing Address 1999 AVENUE OF THE STARS
STE 3050

City State Zip Code
LOS ANGELES CA 90067-4613

FEC ID number of contributing
federal political committee.

C

Name of Employer
CHARTWELLPARTNERS LLC

Occupation
BUSINESSMAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1567127.58

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2015

Transaction ID : SA11.100007

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

FUNDRAISING SERVICES

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

40877.58

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. MR. A JERROLD PERENCHIO

Mailing Address 1999 AVENUE OF THE STARS
STE 3050

City State Zip Code
LOS ANGELES CA 90067-4613

FEC ID number of contributing
federal political committee.

C

Name of Employer
CHARTWELLPARTNERS LLC

Occupation
BUSINESSMAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1567127.58

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2015

Transaction ID : SA11.100095

Amount of Each Receipt this Period

250000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. MR. A JERROLD PERENCHIO

Mailing Address 1999 AVENUE OF THE STARS
STE 3050

City State Zip Code
LOS ANGELES CA 90067-4613

FEC ID number of contributing
federal political committee.

C

Name of Employer
CHARTWELLPARTNERS LLC

Occupation
BUSINESSMAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1567127.58

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 14 / 2015

Transaction ID : SA11.99302

Amount of Each Receipt this Period

250000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. MRS. MARGARET A. PERENCHIO

Mailing Address 355 S GRAND AVE #1710

City State Zip Code
LOS ANGELES CA 90071-1532

FEC ID number of contributing
federal political committee.

C

Name of Employer
LA ART HOUSE

Occupation
ARTIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 14 / 2015

Transaction ID : SA11.99301

Amount of Each Receipt this Period

25000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

525000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. MR. THOMAS J. PERKINS

Mailing Address 7841 LA QUINTA COURT

City

PLEASANTON

State

CA

Zip Code

94588-3106

FEC ID number of contributing
federal political committee.

C

Name of Employer

KLEINER PERKINS

Occupation

INVESTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	1		2	0	1	5

Transaction ID : SA11.99515

Amount of Each Receipt this Period

25000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. WILLIAM PETTY

Mailing Address 6717 NW 48TH LANE

City

GAINESVILLE

State

FL

Zip Code

32653-3953

FEC ID number of contributing
federal political committee.

C

Name of Employer

EXACTECH, INC.

Occupation

MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	1	5

Transaction ID : SA11.101436

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. MR. EDWIN L. PHELPS

Mailing Address 1009 BASIL ROAD

City

MCLEAN

State

VA

Zip Code

22101-1819

FEC ID number of contributing
federal political committee.

C

Name of Employer

PHELPS ENTERPRISES INTERNATIONAL, INC.

Occupation

OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	1	5

Transaction ID : SA11.99544

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

28500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. JANICE PINKSTON

Mailing Address 20 TAMALPAIS AVENUE

City

BELVEDERE

State

CA

Zip Code

94920-2468

FEC ID number of contributing
federal political committee.

C

Name of Employer

MERIDIAN PACIFIC LTD.

Occupation

COMMERCIAL REAL ESTATE

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 22 / 2015

Transaction ID : SA11.102434

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. GENE POYTHRESS

Mailing Address 1250 SQUIRE LANE

City

CUMMING

State

GA

Zip Code

30041-6744

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 01 / 2015

Transaction ID : SA11.59

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. MR. ANDREW F. PUZDER

Mailing Address 570 MEADOW WOOD LANE

City

MONTECITO

State

CA

Zip Code

93108-2027

FEC ID number of contributing
federal political committee.

C

Name of Employer

CKE RESTAURANTS

Occupation

EXECUTIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

05 / 14 / 2015

Transaction ID : SA11.99303

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

10500.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. WILLIAM RADUCHEL

Mailing Address 615 KENTLAND DRIVE

City
GREAT FALLS

State Zip Code
VA 22066-1017

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

06 / 24 / 2015

Transaction ID : SA11.102034

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. JOHNNIE L. REAVES

Mailing Address 6539 S. GARY AVENUE

City
TULSA

State Zip Code
OK 74136-1206

FEC ID number of contributing
federal political committee.

C

Name of Employer

ASPHALT AND FUEL SUPPLY, LLC

Occupation

BUSINESS OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 22 / 2015

Transaction ID : SA11.102443

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. DONALD REINHARD

Mailing Address 75 HARVARD AVE

City
PALMERTON

State Zip Code
PA 18071-1212

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFF

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 24 / 2015

Transaction ID : SA11.102035

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. JACK RETTIG

Mailing Address 316 ROYAL PLAZA DRIVE

City State Zip Code
 FORT LAUDERDALE FL 33301-2514

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 22 / 2015

Transaction ID : SA11.102446

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. FRANCIS REYNOLDS

Mailing Address 81 LAKE SHORE RD

City State Zip Code
 SALEM NH 03079-1975

FEC ID number of contributing
federal political committee.

C

Name of Employer

PIXARBIO CORP

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7000.00

Date of Receipt

05 / 11 / 2015

Transaction ID : SA11.251

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. FRANCIS REYNOLDS

Mailing Address 81 LAKE SHORE RD

City State Zip Code
 SALEM NH 03079-1975

FEC ID number of contributing
federal political committee.

C

Name of Employer

PIXARBIO CORP

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7000.00

Date of Receipt

06 / 01 / 2015

Transaction ID : SA11.99422

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. FRANCIS REYNOLDS

Mailing Address 81 LAKE SHORE RD

City
SALEM

State
NH

Zip Code
03079-1975

FEC ID number of contributing
federal political committee.

C

Name of Employer

PIXARBIO CORP

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7000.00

Date of Receipt

06 / 18 / 2015

Transaction ID : SA11.99694

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. MARGARET A. RHOADES

Mailing Address 13519 PINO CANYON PL NE

City

ALBUQUERQUE

State

NM

Zip Code

87111-7102

FEC ID number of contributing
federal political committee.

C

Name of Employer

PEOPLE, INC.

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

06 / 02 / 2015

Transaction ID : SA11.99455

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. TIMOTHY RIZER

Mailing Address 5905 RIVER DR

City

LORTON

State

VA

Zip Code

22079-4128

FEC ID number of contributing
federal political committee.

C

Name of Employer

ITEM, INC.

Occupation

BUSINESS OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

06 / 06 / 2015

Transaction ID : SA11.99495

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

10000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. MR. RICHARD K. ROEDER

Mailing Address 11150 SANTA MONICA BLVD.
SUITE 750

City State Zip Code
LOS ANGELES CA 90025-0528

FEC ID number of contributing
federal political committee.

C

Name of Employer
VANCE STREET CAPITAL

Occupation
PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

8000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 14 / 2015

Transaction ID : SA11.99309

Amount of Each Receipt this Period

8000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. NORMAN L ROGERS

Mailing Address 3750 S LAS VEGAS BLVD

City State Zip Code
LAS VEGAS NV 89158-4312

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 28 / 2015

Transaction ID : SA11.99380

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. HARRY WILLIAM ROLLINS

Mailing Address 5378 BLACK LN

City State Zip Code
FAIRBORN OH 45324-8823

FEC ID number of contributing
federal political committee.

C

Name of Employer

ROLLINS 3PL

Occupation
BUSINESS OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 19 / 2015

Transaction ID : SA11.99720

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

9500.00

SCHEDULE A (FEC Form 3X)
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(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. HOWARD ROSEMailing Address 9460 WILSHIRE BLVD
SUITE 310

City	State	Zip Code
BEVERLY HILLS	CA	90212-2710

FEC ID number of contributing
federal political committee.

C

Name of Employer

HOWARD ROSE AGENCY

Occupation

TALENT AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	14	/	2015

Transaction ID : SA11.99304

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. PHILIP SACKS

Mailing Address 25545 CUMBERLAND LN

City	State	Zip Code
CALABASAS	CA	91302-3158

FEC ID number of contributing
federal political committee.

C

Name of Employer

THE ART AND SCIENCE OF DENTISTRY

Occupation

DENTIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	22	/	2015

Transaction ID : SA11.99352

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. SHARON SACKS

Mailing Address CUMBERLAND LN

City	State	Zip Code
CALABASAS	CA	91302-

FEC ID number of contributing
federal political committee.

C

Name of Employer

SACKS PRODUCTIONS

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	22	/	2015

Transaction ID : SA11.99351

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

4000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

<p>Full Name (Last, First, Middle Initial) A. WALTER J. SANDERS III</p> <p>Mailing Address 10659 BELLAGIO RD</p> <p>City State Zip Code LOS ANGELES CA 90077-3712</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation NONE RETIRED</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 8000.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 04 / 27 / 2015</p> <p>Transaction ID : SA11.216</p> <p>Amount of Each Receipt this Period 8000.00</p> <p>CONTRIBUTION</p>	
<p>Full Name (Last, First, Middle Initial) B. MR. FRED C. SANDS</p> <p>Mailing Address 11611 SAN VICENTE BLVD SUITE 1000</p> <p>City State Zip Code LOS ANGELES CA 90049-6524</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation VINTAGE CAPITAL GROUP HEAD OF INVESTMENT FIRM</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1000.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 05 / 15 / 2015</p> <p>Transaction ID : SA11.99316</p> <p>Amount of Each Receipt this Period 1000.00</p> <p>CONTRIBUTION</p>	
<p>Full Name (Last, First, Middle Initial) C. MR. DAVID SAPERSTEIN</p> <p>Mailing Address 5100 SAN FELIPE N 393</p> <p>City State Zip Code HOUSTON TX 77056-3545</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation 5 S CAPITAL INVESTOR</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 25000.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 06 / 24 / 2015</p> <p>Transaction ID : SA11.99809</p> <p>Amount of Each Receipt this Period 25000.00</p> <p>CONTRIBUTION</p>	
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<p>34000.00</p>	
<p>TOTAL This Period (last page this line number only)..... ▶</p>				

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. DR. JOE SCHERZER

Mailing Address 5238 E. VIA LOS CABALLOS

City	State	Zip Code
PARADISE VALLEY	AZ	85253-2138

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF (SCOTSDALE SKIN & CANCER CTR.)

Occupation

PHYSICIAN (DERMATOLOGIST)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	20	/	2015

Transaction ID : SA11.99336

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. W. SCOTT SCHIRMER

Mailing Address 25 BILTMORE ESTATES DR

City	State	Zip Code
PHOENIX	AZ	85016-2822

FEC ID number of contributing
federal political committee.

C

Name of Employer

M3 COMPANIES

Occupation

REAL ESTATE DEVELOPER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	19	/	2015

Transaction ID : SA11.99329

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. JOSEPH SCHNEIDERMailing Address 6435 JEFFERSON BLVD
#202

City	State	Zip Code
FORT WAYNE	IN	46804-6203

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2015

Transaction ID : SA11.102157

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. KEITH SCHWARTZWALD

Mailing Address 660 HIDDEN CREEK TRAIL

City State Zip Code
 MENDOTA HEIGHTS MN 55118-3753

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

05 / 11 / 2015

Transaction ID : SA11.246

Amount of Each Receipt this Period

350.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. PAUL SCHWARTZ

Mailing Address 111 N SEPULVEDA BLVD
 #336

City State Zip Code
 MANHATTAN BEACH CA 90266-6849

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

REAL ESTATE INVESTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

05 / 14 / 2015

Transaction ID : SA11.99305

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. DOUGLAS G SCRIVNER

Mailing Address 25461 W. FREMONT RD

City State Zip Code
 LOS ALTOS HILLS CA 94022-3538

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

04 / 21 / 2015

Transaction ID : SA11.96

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

12350.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. ROBERT SEKLEMIAN

Mailing Address 4505 S YOSEMITE ST, UNIT 124

City	State	Zip Code
DENVER	CO	80237-2519

FEC ID number of contributing federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	26	/	2015

Transaction ID : SA11.22

Amount of Each Receipt this Period

100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. ROBERT SEKLEMIAN

Mailing Address 4505 S YOSEMITE ST, UNIT 124

City	State	Zip Code
DENVER	CO	80237-2519

FEC ID number of contributing federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	01	/	2015

Transaction ID : SA11.62

Amount of Each Receipt this Period

200.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. MS. RUTH B. SHANNON

Mailing Address 14081 SUMMIT DR

City	State	Zip Code
WHITTIER	CA	90602-1955

FEC ID number of contributing federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	22	/	2015

Transaction ID : SA11.99350

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

800.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. ROBERT SHAPIRO
 Mailing Address 14225 VENTURA BLVD
 SUITE 100

City	State	Zip Code
LOS ANGELES	CA	91423-2758

FEC ID number of contributing federal political committee.

C

Name of Employer

WOODBIDGE CAPITAL INVESTMENTS LLC

Occupation

CHAIRMAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

33000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	06	/	2015

Transaction ID : SA11.223

Amount of Each Receipt this Period

8000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. JOHN SMITH

Mailing Address 16 BERTHE CIRCLE

City	State	Zip Code
COLORADO SPRINGS	CO	80906-3161

FEC ID number of contributing federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

Transaction ID : SA11.100052

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. LARRY W. SONSINI

Mailing Address 370 MOUNTAIN HOME CT

City	State	Zip Code
WOODSIDE	CA	94062-2559

FEC ID number of contributing federal political committee.

C

Name of Employer

WILSON, SONSINI, GOODRICH AND ROSATI

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	27	/	2015

Transaction ID : SA11.219

Amount of Each Receipt this Period

25000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

34000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. KAREN SOWARDS

Mailing Address 6401 POJOAQUE DRIVE NW

City State Zip Code
 ALBUQUERQUE NM 87120-2140

FEC ID number of contributing federal political committee.

C

Name of Employer

SELF

Occupation

ADVOCATE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 29 / 2015

Transaction ID : SA11.99980

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. VICTOR STABIO

Mailing Address 379 COOK STREET

City State Zip Code
 DENVER CO 80206-4422

FEC ID number of contributing federal political committee.

C

Name of Employer

HALLADOR ENERGY COMPANY

Occupation

ENERGY EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

17500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 30 / 2015

Transaction ID : SA11.100092

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. VICTOR STABIO

Mailing Address 379 COOK STREET

City State Zip Code
 DENVER CO 80206-4422

FEC ID number of contributing federal political committee.

C

Name of Employer

HALLADOR ENERGY COMPANY

Occupation

ENERGY EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

17500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 03 / 2015

Transaction ID : SA11.67

Amount of Each Receipt this Period

7500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

17750.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. LINDA E. STALLINGS

Mailing Address 7905 BROOKHOLLOW BLVD

 City
 FRISCO

 State
 TX

 Zip Code
 75034-7299

 FEC ID number of contributing
 federal political committee.

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

 / /

Transaction ID : SA11.99843

Amount of Each Receipt this Period

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. MR. ADAM B. STERN
 Mailing Address 23611 MALIBU COLONY ROAD
 HOUSE 58

 City
 MALIBU

 State
 CA

 Zip Code
 90265-6628

 FEC ID number of contributing
 federal political committee.

Name of Employer

ARISTEIA PARTNERS

Occupation

MANAGING DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

 / /

Transaction ID : SA11.99310

Amount of Each Receipt this Period

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. MS. KARRIN KUNASEK TAYLOR
 Mailing Address 7600 E DOUBLETREE RANCH RD
 STE 300

 City
 SCOTTSDALE

 State
 AZ

 Zip Code
 85258-2137

 FEC ID number of contributing
 federal political committee.

Name of Employer

DMB ASSOCIATES, INC.

Occupation

EXECUTIVE VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

 / /

Transaction ID : SA11.10097

Amount of Each Receipt this Period

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

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NAME OF COMMITTEE (In Full)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. MAYNARD F. THOMSON

Mailing Address PO BOX 257

City
FREEDOMState
NHZip Code
03836-0257FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

WRITER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		2	5		2	0	1	5		

Transaction ID : SA11.99844

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. GREGORY W TREBNICK

Mailing Address 1915 NUTT ROAD

City
CENTERVILLEState
OHZip Code
45458-9381FEC ID number of contributing
federal political committee.

C

Name of Employer

TREBNICK TAGS AND LABELS

Occupation

SALESMAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		3	0		2	0	1	5		

Transaction ID : SA11.100059

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. DON L. TRIPP JR.

Mailing Address PO BOX 1369

City
SOCORROState
NMZip Code
87801-1369FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

FARMER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5		2	0		2	0	1	5		

Transaction ID : SA11.99337

Amount of Each Receipt this Period

1500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

2250.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. DOUG TURNER

Mailing Address 1500 SAN CARLOS SW

City State Zip Code
ALBUQUERQUE NM 87104-1043

FEC ID number of contributing
federal political committee.

C

Name of Employer

DEVELOPER

Occupation

AVIATION BUILDING GROUP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 02 / 2015

Transaction ID : SA11.99452

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. MRS. ESTHER WACHTELL

Mailing Address 10883 OAK KNOLL ROAD

City State Zip Code
OJAI CA 93023-9406

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

INVESTOR/FARMER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 14 / 2015

Transaction ID : SA11.99311

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. CHARLES WAX

Mailing Address PO BOX 3295

City State Zip Code
RANCHO SANTA FE CA 92067-3295

FEC ID number of contributing
federal political committee.

C

Name of Employer

WAXIE SANITARY SUPPLY

Occupation

OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 27 / 2015

Transaction ID : SA11.220

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

6500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 70 OF 362

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. JAMES WEATHERLY

Mailing Address 4600 W. LOOMIS ROAD

City

MILWAUKEE

State

WI

Zip Code

53220-4858

FEC ID number of contributing
federal political committee.

C

Name of Employer

GLOBAL FREIGHT SOURCE

Occupation

OWNER

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 18 / 2015

Transaction ID : SA11.99643

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. COL. ALLEN E. WEH USMCR (RET)

Mailing Address 6722 RIO GRANDE NW

City

LOS RANCHOS

State

NM

Zip Code

87107-6330

FEC ID number of contributing
federal political committee.

C

Name of Employer

CSI AVIATION

Occupation

CEO

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 02 / 2015

Transaction ID : SA11.99457

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. MS. DEBBIE WEH MAESTAS

Mailing Address 7512 RIO GRANDE BLVD NW

City

LOS RANCHOS

State

NM

Zip Code

87107-6434

FEC ID number of contributing
federal political committee.

C

Name of Employer

REPUBLICAN PARTY OF NEW MEXICO

Occupation

CHAIR

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 02 / 2015

Transaction ID : SA11.99454

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

3000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER: PAGE 71 OF 362

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. JOHN P. WILGER JR.

Mailing Address 425 EDMON RD NE

City

ALBUQUERQUE

State

NM

Zip Code

87107-4938

FEC ID number of contributing
federal political committee.

C

Name of Employer

WILGER ENTERPRISES

Occupation

EXECUTIVE

Receipt For:

☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 06 / 02 / 2015

Transaction ID : SA11.99456

Amount of Each Receipt this Period

800.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. DIANE B. WILSEY

Mailing Address 2590 JACKSON ST

City

SAN FRANCISCO

State

CA

Zip Code

94115-1121

FEC ID number of contributing
federal political committee.

C

Name of Employer

A. WILSEY PROPERTIES CO.

Occupation

OWNER/CEO

Receipt For:

☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 04 / 13 / 2015

Transaction ID : SA11.9

Amount of Each Receipt this Period

25000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. DENISE WISEMAN

Mailing Address 9810 STATE HIGHWAY 220

City

CASPER

State

WY

Zip Code

82604-9184

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2015

Transaction ID : SA11.100046

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

25900.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER: PAGE 72 OF 362

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. DENISE WISEMAN

Mailing Address 9810 STATE HIGHWAY 220

 City
 CASPER

 State
 WY

 Zip Code
 82604-9184

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		21		2015

Transaction ID : SA11.99341

Amount of Each Receipt this Period

180.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. BARRY WOLFE

Mailing Address 22578 FLAMINGO ST

 City
 LA

 State
 CA

 Zip Code
 91364-4916

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2015

Transaction ID : SA11.99987

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. LEAH RAY WROTEN

Mailing Address 430 LAKEWOOD

 City
 FAIRVIEW

 State
 TX

 Zip Code
 75069-9585

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		22		2015

Transaction ID : SA11.102536

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5430.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. ANN WUTKE

Mailing Address 6666 ODANA RD #215

City
MADISON

State Zip Code
WI 53719-1012

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 18 / 2015

Transaction ID : SA11.85

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. ROBERT WYNNE

Mailing Address 54 ABERDEEN CROSSING

City
SPRING

State Zip Code
TX 77381-5171

FEC ID number of contributing
federal political committee.

C

Name of Employer

ESCONDIDO RESOURCES

Occupation

GEOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 11 / 2015

Transaction ID : SA11.99537

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. DANIEL H. YOUNG

Mailing Address 23 WILD HAWK

City
IRVINE

State Zip Code
CA 92603-0302

FEC ID number of contributing
federal political committee.

C

Name of Employer

IRVINE COMMUNITY DEVELOPMENT CO.

Occupation

COMMUNITY DEVELOPMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 19 / 2015

Transaction ID : SA11.99726

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1750.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. DR. MARCY ZWELLING

Mailing Address 3771 KATELLA AVE STE 108

City

LOS ALAMITOS

State

CA

Zip Code

90720-3111

FEC ID number of contributing
federal political committee.

C

Name of Employer

PRIVATE MEDICAL SERVICES

Occupation

DOCTOR

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	9		2	0	1	5

Transaction ID : SA11.99332

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. JALAPENO CORPORATION

Mailing Address PO BOX 1608

City

ALBUQUERQUE

State

NM

Zip Code

87103-1608

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	5

Transaction ID : SA11.100101

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. LEXINGTON MANAGEMENT GROUP, INC.Mailing Address 505 S FLAGLER DR
STE 900

City

WEST PALM BEACH

State

FL

Zip Code

33401-5948

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	5

Transaction ID : SA11.208

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

13000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. LSI MANAGEMENT COMPANY LLC

Mailing Address 3031 N ROCKY POINT DR W
STE 300

City State Zip Code
TAMPA FL 33607-5805

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 01 / 2015

Transaction ID : SA11.212

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

ATTRIBUTION TO PARTNERS REQUESTED

Full Name (Last, First, Middle Initial)

B. MACK ENERGY CORPORATION

Mailing Address PO BOX 960

City State Zip Code
ARTESIA NM 88211-0960

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 02 / 2015

Transaction ID : SA11.99460

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. MURPHY PETROLEUM CORPORATION

Mailing Address PO BOX 2545

City State Zip Code
ROSWELL NM 88202-2545

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 02 / 2015

Transaction ID : SA11.99459

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

16000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 76 OF 362

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. PASEO PLACE, LLC

Mailing Address 320 GOLD ST SW

City
ALBUQUERQUE

State Zip Code
NM 87102-3202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2015

Transaction ID : SA11.100100

Amount of Each Receipt this Period

500.00

CONTRIBUTION

ATTRIBUTION TO PARTNERS REQUESTED

Full Name (Last, First, Middle Initial)

B. ROBSON COMMUNITIES, INC.

Mailing Address 9532 E RIGGS RD

City
SUN LAKES

State Zip Code
AZ 85248-7463

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4806.05

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 13 / 2015

Transaction ID : SA11.100785

Amount of Each Receipt this Period

1806.05

CONTRIBUTION

VALET, CATERING, FOOD/BEVERAGES

Full Name (Last, First, Middle Initial)

C. ROBSON COMMUNITIES, INC.

Mailing Address 9532 E RIGGS RD

City
SUN LAKES

State Zip Code
AZ 85248-7463

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4806.05

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 20 / 2015

Transaction ID : SA11.99335

Amount of Each Receipt this Period

3000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5306.05

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. TINNIN INVESTMENTS, INC.

Mailing Address 2303 CANDELARIA RD NW

City State Zip Code
 ALBUQUERQUE NM 87107-3055

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 02 / 2015

Transaction ID : SA11.99458

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. WOODBRIDGE CAPITAL INVESTMENTS LLC

Mailing Address 14225 VENTURA BLVD
#100

City State Zip Code
 LA CA 91423-2758

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 25 / 2015

Transaction ID : SA11.99893

Amount of Each Receipt this Period

25000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. ROBERT SHAPIRO

Mailing Address 14225 VENTURA BLVD
SUITE 100

City State Zip Code
 LOS ANGELES CA 91423-2758

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

WOODBRIDGE CAPITAL INVESTMENTS LLC CHAIRMAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

33000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 30 / 2015

Transaction ID : SA11.100156

Amount of Each Receipt this Period

25000.00

CONTRIBUTION

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

26000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 78 OF 362
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. NORPAC

Mailing Address PO BOX 1543

City
ENGLEWOODState
NJZip Code
07632-0543FEC ID number of contributing
federal political committee.

C

C00247403

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5			0	1		2	0	1	5		

Transaction ID : SA11.211

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

[MEMO ITEM]

SEE ATTRIBUTION BELOW

Full Name (Last, First, Middle Initial)

B. JOSHUA LANDES

Mailing Address 740 W 232ND ST

City
BRONXState
NYZip Code
10463-1010FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

WYNNEFIELD CAPITAL

MANAGING PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	4			1	7		2	0	1	5		

Transaction ID : SA11.214

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

EARMARKED FROM NORPAC

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ▶

2500.00

TOTAL This Period (last page this line number only)..... ▶

2851913.63

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 79 OF 362

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
------------------------------	------------------------------	---	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. SMITH GOVERNOR 2014

Mailing Address 830 N 4TH AVE

City
PHOENIXState
AZZip Code
85003-1314FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	0		2	0	1	5

Transaction ID : SA11.99338

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. KEEP THE PROMISE I

Mailing Address 2 ROOSEVELT AVENUE

City

PORT JEFFERSON STA

State

NY

Zip Code

11776-3337

FEC ID number of contributing
federal political committee.

C C00575373

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	1	5

Transaction ID : SA11.99640

Amount of Each Receipt this Period

500000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

502500.00

TOTAL This Period (last page this line number only)..... ►

502500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 80 OF 362
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. PELICAN HILL GOLF CLUB

Mailing Address 22701 S PELICAN HILL RD

City	State	Zip Code
NEWPORT BEACH	CA	92657

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

564.47

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	02	/	2015

Transaction ID : SA15.302

Amount of Each Receipt this Period

564.47

REFUND OF OVERPAYMENT

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
-----	---	-----	---	-------------

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
-----	---	-----	---	-------------

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

564.47

TOTAL This Period (last page this line number only)..... ►

564.47

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 81 OF 362

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. WILLIAM B CANFIELD IIIMailing Address 1900 M ST NW
STE 600

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement
LEGAL SERVICES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 03 2015**Transaction ID : SB21B.I114**

Amount of Each Disbursement this Period

7500.00

Full Name (Last, First, Middle Initial)

B. WILLIAM B CANFIELD IIIMailing Address 1900 M ST NW
STE 600

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement
LEGAL CONSULTING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 28 2015**Transaction ID : SB21B.I34**

Amount of Each Disbursement this Period

6500.00

Full Name (Last, First, Middle Initial)

C. WILLIAM B CANFIELD IIIMailing Address 1900 M ST NW
STE 600

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement
LEGAL SERVICES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 06 2015**Transaction ID : SB21B.I4**

Amount of Each Disbursement this Period

6500.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

20500.00

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. SONOMA DC

Category/
Type

2120.36

[MEMO ITEM]
CHAMBERLIN 4/14

B. MARY EARNHARDT

Category/
Type

13066.67

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

C. MARY EARNHARDT

Category/
Type

709.30

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

13775.97

Downloaded from <http://ajph.org/> on November 10, 2015

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. MARY EARNHARDT

Mailing Address 6465 65TH PL
STE 185

City	State	Zip Code
WEST DES MOINES	IA	50266

Purpose of Disbursement	MILEAGE REIMBURSEMENT
-------------------------	-----------------------

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID : SB21B.I25

Amount of Each Disbursement this Period

108.08

[MEMO ITEM]
EARNHARDT 4/21

Full Name (Last, First, Middle Initial)

B. CASEY ENDERS

Date of Disbursement

Mailing Address 13606 SMALLWOOD CT

City	State	Zip Code
CHANTILLY	VA	20151

Purpose of Disbursement
POLITICAL STRATEGY CONSULTING

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID : SB21B.I66

Amount of Each Disbursement this Period

3583.34

Full Name (Last, First, Middle Initial)

C. ANNA D. EPSTEIN

Date of Disbursement

Three digital displays are shown, each with a date format. The first display shows '04' with two small squares above it. The second display shows '28' with two small squares above it. The third display shows '2015' with four small squares above it.

Mailing Address 1911 R ST NW
APT 502

City	State	Zip Code
WASHINGTON	DC	20009

Purpose of Disbursement
POLITICAL STRATEGY CONSULTING

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID : SB21B.I63

Amount of Each Disbursement this Period

3225.00

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

6808.34

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. SARAH M. ISGUR

Mailing Address 622 E 20TH ST

City
HOUSTON

State	Zip Code
TX	77008

Purpose of Disbursement
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement



Transaction ID : SB21B.I61

Amount of Each Disbursement this Period

48375.00

Full Name (Last, First, Middle Initial)

B. JESSICA LABERGE

Mailing Address 1843 BAY ST SE

City
WASHINGTON

State	Zip Code
DC	20003

Purpose of Disbursement
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

MM / DD / YYYY

Transaction ID : SB21B.I64

Amount of Each Disbursement this Period

2418.75

Full Name (Last, First, Middle Initial)

C. LARISSA M. MARTINEZ

Mailing Address 809 EAST CAPITOL ST NE

City
D.C.

State	Zip Code
DC	20003

Purpose of Disbursement
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M / D D / Y Y Y Y
04 28 2015

Transaction ID : SB21B.I62

Amount of Each Disbursement this Period

3583.34

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

54377.09

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. AMERICAN AIRLINES

Mailing Address P.O. BOX 619616

City	State	Zip Code
DFW AIRPORT	TX	75261

Purpose of Disbursement	TRAVEL
-------------------------	--------

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

Transaction ID : SB21B.I51

Amount of Each Disbursement this Period

60.00

[MEMO ITEM]
MURPHY 3/30

Full Name (Last, First, Middle Initial)

B. AMERICAN AIRLINES

Mailing Address P.O. BOX 619616

City	State	Zip Code
DFW AIRPORT	TX	75261

Purpose of Disbursement	TRAVEL
-------------------------	--------

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

03 / 19 / 2015

Transaction ID : SB21B.I52

Amount of Each Disbursement this Period

210.00

[MEMO ITEM]
MURPHY 3/30

Full Name (Last, First, Middle Initial)

C. EXPEDIA INC

Mailing Address 333 108TH AVE NE

City	State	Zip Code
BELLEVUE	WA	98004

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement



Transaction ID : SB21B.I45

Amount of Each Disbursement this Period

400.46

[MEMO ITEM]
MURPHY 3/30

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

0.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. WESTIN

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y		
0	3				2	2						2	0	1	5

Mailing Address ONE STARPOINT

City	State	Zip Code
STAMFORD	CT	06902

Transaction ID : SB21B.I44Purpose of Disbursement
TRAVEL

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

223.74

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

[MEMO ITEM]
MURPHY 3/30

Full Name (Last, First, Middle Initial)

B. CRAIG MURPHY

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y		
0	4				2	7						2	0	1	5

Mailing Address 3701 KARALYN CT

City	State	Zip Code
ARLINGTON	TX	76016

Transaction ID : SB21B.I85Purpose of Disbursement
VIDEOGRAPHY

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

1658.95

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial)

C. MR. A JERROLD PERENCHIO

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y		
0	3				3	1						2	0	1	5

Mailing Address 1999 AVENUE OF THE STARS
STE 3050

City	State	Zip Code
LOS ANGELES	CA	90067-4613

Transaction ID : SB21B.100003Purpose of Disbursement
IN-KIND CONTRIBUTION

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

6250.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

FUNDRAISING SERVICES

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7908.95

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA



20000.00

FUNDRAISING SERVICES

MM / DD / YYYY

8377.58

FUNDRAISING EVENT CATERING, VENUE,
SUPPLIES

05 / 31 / 2015

17500.00

FUNDRAISING SERVICES

45877.58

TOTAL This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 92 OF 362

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. AMERICAN AIRLINES

Mailing Address P.O. BOX 619616

City DFW AIRPORT State TX Zip Code 75261

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 16 / 2015
Transaction ID : SB21B.I273

Amount of Each Disbursement this Period

448.20

[MEMO ITEM]

SHEDD 6/19

Full Name (Last, First, Middle Initial)

B. AMERICAN EXPRESS

Mailing Address 200 VESEY ST

City NEW YORK State NY Zip Code 10285

Purpose of Disbursement
CC PROCESSING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 21 / 2015
Transaction ID : SB21B.I182

Amount of Each Disbursement this Period

14.60

Full Name (Last, First, Middle Initial)

C. AMERICAN EXPRESS

Mailing Address 200 VESEY ST

City NEW YORK State NY Zip Code 10285

Purpose of Disbursement
CC PROCESSING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 22 / 2015
Transaction ID : SB21B.I183

Amount of Each Disbursement this Period

6.08

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

20.68

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. AMERICAN EXPRESS

Mailing Address 200 VESEY ST

City	State	Zip Code
NEW YORK	NY	10285

Purpose of Disbursement

CC PROCESSING

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President
State:	District:	

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Transaction ID : SB21B.I184

Amount of Each Disbursement this Period

2.47

B. AMERICAN EXPRESS

Mailing Address 200 VESEY ST

City	State	Zip Code
NEW YORK	NY	10285

Purpose of Disbursement

CC PROCESSING

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President
State:	District:	

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

04 / 23 / 2015

Transaction ID : SB21B.I185

Amount of Each Disbursement this Period

5.51

C. AMERICAN EXPRESS

Mailing Address 200 VESEY ST

City	State	Zip Code
NEW YORK	NY	10285

Purpose of Disbursement
CC PROCESSING

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President
State:	District:	

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y
04 27 2015

Transaction ID : SB21B.I186

Amount of Each Disbursement this Period

5274.05

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

5282.03

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. AMERICAN EXPRESS

Date of Disbursement

Transaction ID : SB21B.I187

Amount of Each Disbursement this Period

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. AMERICAN EXPRESS

Mailing Address 200 VESEY ST

Date of Disbursement

City	State	Zip Code
NEW YORK	NY	10285

Transaction ID : SB21B.I188

Purpose of Disbursement
CC PROCESSING

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. AMERICAN EXPRESS

Date of Disbursement

City	State	Zip Code
NEW YORK	NY	10285

Transaction ID : SB21B.I189

Purpose of Disbursement

CC PROCESSING

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

SUBTOTAL of Disbursements This Page (optional).....

Age Group	Percentage
18-24	11.73
25-34	11.73
35-44	11.73
45-54	11.73
55-64	11.73
65-74	11.73
75-84	11.73
85+	11.73

TOTAL This Period (last page this line number only).....

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. AMERICAN EXPRESS

Date of Disbursement

Transaction ID : SB21B.I193

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Amount of Each Disbursement this Period

0.87

B. AMERICAN EXPRESS

Date of Disbursement

Transaction ID : SB21B.I194

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

Amount of Each Disbursement this Period

930.32

C. AMERICAN EXPRESS

Date of Disbursement

05 / 19 / 2015

Transaction ID : SB21B.I195

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Amount of Each Disbursement this Period

29.29

960.48

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. AMERICAN EXPRESS

Mailing Address 200 VESEY ST

City	State	Zip Code
NEW YORK	NY	10285

Purpose of Disbursement

CC PROCESSING

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President
State:	District:	

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Transaction ID : SB21B.I196

Amount of Each Disbursement this Period

3.04

B. AMERICAN EXPRESS

Mailing Address 200 VESEY ST

City	State	Zip Code
NEW YORK	NY	10285

Purpose of Disbursement

CC PROCESSING

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President
State:	District:	

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

05 / 26 / 2015

Transaction ID : SB21B.I197

Amount of Each Disbursement this Period

3.04

C. AMERICAN EXPRESS

Mailing Address 200 VESEY ST

City	State	Zip Code
NEW YORK	NY	10285

Purpose of Disbursement
CC PROCESSING

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President
State:	District:	

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Transaction ID : SB21B.I198

Amount of Each Disbursement this Period

72.40

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

78.48

The diagram shows a cross-section of a two-story building. The ground level is indicated by a horizontal line. The building has a flat roof on the left side and a sloped roof on the right side. The sloped roof is supported by a vertical wall. The interior of the building is divided into two levels by a horizontal line. The upper level is a flat roof, and the lower level is a sloped roof. The sloped roof is supported by a vertical wall. The interior of the building is divided into two levels by a horizontal line. The upper level is a flat roof, and the lower level is a sloped roof. The sloped roof is supported by a vertical wall. The interior of the building is divided into two levels by a horizontal line. The upper level is a flat roof, and the lower level is a sloped roof. The sloped roof is supported by a vertical wall.

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. AMERICAN EXPRESS

Date of Disbursement

Transaction ID : SB21B.I199

Amount of Each Disbursement this Period

Age Group	Percentage
18-24	100
25-34	100
35-44	100
45-54	100
55-64	100
65-74	100
75-84	100
85+	4.49

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. AMERICAN EXPRESS

Mailing Address 200 VESEY ST

Date of Disbursement

MM / DD / YYYY

City	State	Zip Code
NEW YORK	NY	10285

Transaction ID : SB21B.I303

Purpose of Disbursement
CC PROCESSING

Amount of Each Disbursement this Period

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. AMERICAN EXPRESS

Date of Disbursement



City	State	Zip Code
NEW YORK	NY	10285

Transaction ID : SB21B.I304

Purpose of Disbursement

CC PROCESSING

Amount of Each Disbursement this Period

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional).....

Age Group	Percentage
18-24	7.69
25-34	12.5
35-44	15.2
45-54	18.7
55-64	22.3
65-74	25.8
75-84	28.4
85+	31.9

TOTAL This Period (last page this line number only).....

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. AMERICAN EXPRESS

Date of Disbursement

Transaction ID : SB21B.I305

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Amount of Each Disbursement this Period

B. AMERICAN EXPRESS

Date of Disbursement

MM / DD / YYYY

Transaction ID : SB21B.I306

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Amount of Each Disbursement this Period

Age Group	Male (%)	Female (%)
0-9	~10	~10
10-19	~10	~10
20-29	~10	~10
30-39	~10	~10
40-49	~10	~10
50-59	~10	~10
60-69	~10	~10
70+	~10	~10
65+	~10	~10

Legend:

- Male (Light Blue)
- Female (Pink)

C. AMERICAN EXPRESS

Date of Disbursement

Transaction ID : SB21B.I307

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Amount of Each Disbursement this Period

9.12

19.11

[illegible]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 100 OF 362

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. AMERICAN EXPRESS

Mailing Address 200 VESEY ST

City NEW YORK State NY Zip Code 10285

Purpose of Disbursement
CC PROCESSING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 04 / 2015
Transaction ID : SB21B.I308

Amount of Each Disbursement this Period

5.93

Full Name (Last, First, Middle Initial)

B. AMERICAN EXPRESS

Mailing Address 200 VESEY ST

City NEW YORK State NY Zip Code 10285

Purpose of Disbursement
CC PROCESSING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 05 / 2015
Transaction ID : SB21B.I309

Amount of Each Disbursement this Period

36.44

Full Name (Last, First, Middle Initial)

C. AMERICAN EXPRESS

Mailing Address 200 VESEY ST

City NEW YORK State NY Zip Code 10285

Purpose of Disbursement
CC PROCESSING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 04 / 2015
Transaction ID : SB21B.I310

Amount of Each Disbursement this Period

1.60

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

43.97

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 102 OF 362

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. AMERICAN EXPRESS

Mailing Address 200 VESEY ST

City	State	Zip Code
NEW YORK	NY	10285

Purpose of Disbursement
CC PROCESSING

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		06		2015

Transaction ID : SB21B.I73

Amount of Each Disbursement this Period

147.13

Full Name (Last, First, Middle Initial)

B. AMERICAN EXPRESS

Mailing Address 200 VESEY ST

City	State	Zip Code
NEW YORK	NY	10285

Purpose of Disbursement
CC PROCESSING

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		17		2015

Transaction ID : SB21B.I80

Amount of Each Disbursement this Period

7.95

Full Name (Last, First, Middle Initial)

C. AMERICAN EXPRESS

Mailing Address 200 VESEY ST

City	State	Zip Code
NEW YORK	NY	10285

Purpose of Disbursement
CC PROCESSING

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		04		2015

Transaction ID : SB21B.I86

Amount of Each Disbursement this Period

7.95

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

163.03

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. BATTLEGROUND ANALYTICS

Mailing Address 300 HICKORY LN

City MAULDIN State SC Zip Code 29662

Purpose of Disbursement
LIST PURCHASE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 20 2015
Transaction ID : SB21B.I100

Amount of Each Disbursement this Period

9726.34

Full Name (Last, First, Middle Initial)

B. BATTLEGROUND ANALYTICS

Mailing Address 300 HICKORY LN

City MAULDIN State SC Zip Code 29662

Purpose of Disbursement
VOTER LIST

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 30 2015
Transaction ID : SB21B.I2

Amount of Each Disbursement this Period

10161.34

Full Name (Last, First, Middle Initial)

C. BATTLEGROUND ANALYTICS

Mailing Address 300 HICKORY LN

City MAULDIN State SC Zip Code 29662

Purpose of Disbursement
DATA

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 11 2015
Transaction ID : SB21B.I201

Amount of Each Disbursement this Period

24878.81

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

44766.49

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 104 OF 362

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. BURKE CONSULTING COMPANY, LLC

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			0	6			2	0	1	5		

Mailing Address 205 MASHIE DR SE

City	State	Zip Code
VIENNA	VA	22180

Transaction ID : SB21B.I69Purpose of Disbursement
POLITICAL CONSULTING

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

11119.46

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

B. CHATEAU AT SILVER LAKE

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			1	1			2	0	1	5		

Mailing Address 7815 ROYAL ST

City	State	Zip Code
PARK CITY	UT	84060

Transaction ID : SB21B.I245Purpose of Disbursement
TRAVEL

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

220.79

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

C. CMDI

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			0	4			2	0	1	5		

Mailing Address 1593 SPRING HILL RD
STE 400

City	State	Zip Code
TYSONS CORNER	VA	22182

Transaction ID : SB21B.I10Purpose of Disbursement
CC PROCESSING

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

12.02

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

11352.27

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

126.98

04 / 01 / 2015

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

111.06

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

16.56

Age Group	Percentage
18-24	254.60
25-34	200.00
35-44	150.00
45-54	100.00
55-64	75.00
65-74	50.00
75-84	25.00
85+	12.50

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. CMDI

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		03		2015

Mailing Address 1593 SPRING HILL RD
STE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
CC PROCESSING

Candidate Name

Category/
Type**Transaction ID : SB21B.I260**

Amount of Each Disbursement this Period

251.50

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. CMDI

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		03		2015

Mailing Address 1593 SPRING HILL RD
STE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
COMPLIANCE DATABASE SERVICES

Candidate Name

Category/
Type**Transaction ID : SB21B.I261**

Amount of Each Disbursement this Period

1862.23

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. CMDI

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		04		2015

Mailing Address 1593 SPRING HILL RD
STE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
CC PROCESSING

Candidate Name

Category/
Type**Transaction ID : SB21B.I262**

Amount of Each Disbursement this Period

371.48

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2485.21

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Category/
Type

784.75

501.05

Category/
Type

State: District:

210.06

Category/
Type

State: District:

1495.86

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 109 OF 362

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. CMDI

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		27		2015

Mailing Address 1593 SPRING HILL RD
STE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
CC PROCESSING

Candidate Name

Category/
Type**Transaction ID : SB21B.I78**

Amount of Each Disbursement this Period

116.69

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. CMDI

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2015

Mailing Address 1593 SPRING HILL RD
STE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
CC PROCESSING

Candidate Name

Category/
Type**Transaction ID : SB21B.I79**

Amount of Each Disbursement this Period

87.19

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. CMDI

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		23		2015

Mailing Address 1593 SPRING HILL RD
STE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
CC PROCESSING

Candidate Name

Category/
Type**Transaction ID : SB21B.I81**

Amount of Each Disbursement this Period

4278.15

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4482.03

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<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

500.24

03 / 04 / 2015

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

78.26

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

381.49

959.99

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. CREATIVE RESPONSE CONCEPTS

Category/
Type

12511.00

State: District:

B. CREATIVE RESPONSE CONCEPTS

Category/
Type

State: District:

12667.30

C. CSC CAPITAL LLC

Category/
Type

State: District:

30000.00

55178.30

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. GUERIN, INC.

Mailing Address 213 E DUNCAN AVE

City	State	Zip Code
ALEXANDRIA	VA	22301

Purpose of Disbursement
FUNDRAISING CONSULTING; CONSULTANT EXPENSES

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Transaction ID : SB21B.I207

Amount of Each Disbursement this Period

4530.45

Full Name (Last, First, Middle Initial)

B. GUERIN, INC.

Mailing Address 213 E DUNCAN AVE

City	State	Zip Code
ALEXANDRIA	VA	22301

Purpose of Disbursement

FINANCE CONSULTING

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

05 / 06 / 2015

Transaction ID : SB21B.I71

Amount of Each Disbursement this Period

4902.00

Full Name (Last, First, Middle Initial)

C. H/F ANTHRACITE, LLC

Mailing Address 1707 DUKE ST

City	State	Zip Code
ALEXANDRIA	VA	22314

Purpose of Disbursement	RENT
-------------------------	------

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M / D D / Y Y Y Y
04 28 2015

Transaction ID : SB21B.I59

Amount of Each Disbursement this Period

1010.13

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

10442.58

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 115 OF 362

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. H/F ANTHRACITE, LLC

Mailing Address 1707 DUKE ST

City	State	Zip Code
ALEXANDRIA	VA	22314

Purpose of Disbursement
RENT

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		28		2015

Transaction ID : SB21B.I60

Amount of Each Disbursement this Period

4100.00

Full Name (Last, First, Middle Initial)

B. IMAGEACTIVE

Mailing Address 4191 STANSBURY AVE

City	State	Zip Code
LA	CA	91423

Purpose of Disbursement
PHOTOGRAPHY

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		28		2015

Transaction ID : SB21B.I107

Amount of Each Disbursement this Period

560.00

Full Name (Last, First, Middle Initial)

C. KRAMER & ASSOCIATES, LLCMailing Address 2201 FRANCISCO DR
STE 140-1833

City	State	Zip Code
EL DORADO HILLS	CA	95762

Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		06		2015

Transaction ID : SB21B.I14

Amount of Each Disbursement this Period

41071.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

45731.00

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<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Category/
Type

36840.70

Category/
Type

3437.34

Category/
Type

4025.26

44303.30

TOTAL This Period (last page this line number only).....

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Three 7-segment displays are shown, each with a label above it: 'M M', 'D D', and 'Y Y Y Y'. The first display shows '05', the second shows '06', and the third shows '2015'. They are separated by slashes.

26810.07

B. KRAMER & ASSOCIATES, LLC

Transaction ID : SB21B.I84

20400.00

State: District:

Date of Disbursement

C. LEXIS NEXIS

Transaction ID : SB21B.I108

346.78

State: District:

47556.85

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	367	368	369	370	371	372	373	374	375	376	377	378	379	380	381	382	383	384	385	386	387	388	389	390	391	392	393	394	395	396	397	398	399	400	401	402	403	404	405	406	407	408	409	410	411	412	413	414	415	416	417	418	419	420	421	422	423	424	425	426	427	428	429	430	431	432	433	434	435	436	437	438	439	440	441	442	443	444	445	446	447	448	449	450	451	452	453	454	455	456	457	458	459	460	461	462	463	464	465	466	467	468	469	470	471	472	473	474	475	476	477	478	479	480	481	482	483	484	485	486	487	488	489	490	491	492	493	494	495	496	497	498	499	500	501	502	503	504	505	506	507	508	509	510	511	512	513	514	515	516	517	518	519	520	521	522	523	52
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<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. PELICAN HILL GOLF CLUB

Category/
Type

2500.00

State: District:

B. PLATINUM CIRCLE TECHNOLOGIES, LLC

Category/
Type

20000.00

State: District:

C. RED D

Three digital displays are shown, each with a row of small squares above the main display area. The first display shows '06' with two squares above it. The second display shows '24' with two squares above it. The third display shows '2015' with four squares above it. The displays are separated by slashes.

Category/
Type

12500.00

State: District:

35000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 121 OF 362

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. RED D

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		23		2015

Mailing Address PO BOX 12472

Transaction ID : SB21B.I55

City	State	Zip Code
DENVER	CO	80212

Amount of Each Disbursement this Period

Purpose of Disbursement
FINANCE CONSULTING

25875.00

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

B. RIGHT STRATEGIES, LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		15		2015

Mailing Address 3176 SUMMIT SQUARE DR, STE B-10

Transaction ID : SB21B.I223

City	State	Zip Code
OAKTON	VA	22124

Amount of Each Disbursement this Period

Purpose of Disbursement
IT SUPPORT

15000.00

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

C. ROBSON COMMUNITIES, INC.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		13		2015

Mailing Address 9532 E RIGGS RD

Transaction ID : SB21B.100785

City	State	Zip Code
SUN LAKES	AZ	85248-7463

Amount of Each Disbursement this Period

Purpose of Disbursement
IN-KIND CONTRIBUTION

1806.05

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

VALET, CATERING, FOOD/BEVERAGES

SUBTOTAL of Disbursements This Page (optional)..... ►

42681.05

TOTAL This Period (last page this line number only)..... ►

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 122 OF 362

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. SKINNER & PASCHKE PLLC

Mailing Address HICKMAN RD

City	State	Zip Code
WAUKEE	IA	50263

Purpose of Disbursement
RENT

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		20		2015

Transaction ID : SB21B.I102

Amount of Each Disbursement this Period

1366.00

Full Name (Last, First, Middle Initial)

B. SOUTHWEST AIRLINES

Mailing Address 2702 LOVE FIELD DR

City	State	Zip Code
DALLAS	TX	75235

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		11		2015

Transaction ID : SB21B.I248

Amount of Each Disbursement this Period

676.00

Full Name (Last, First, Middle Initial)

C. SPECTRUM MARKETING COMPANIESMailing Address 95 EDDY RD
STE 101

City	State	Zip Code
MANCHESTER	NH	03102

Purpose of Disbursement
PRINTING & POSTAGE

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		11		2015

Transaction ID : SB21B.I232

Amount of Each Disbursement this Period

11384.17

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

13426.17

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 123 OF 362

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. SPECTRUM MARKETING COMPANIES

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		30		2015

Mailing Address 95 EDDY RD
STE 101

City MANCHESTER State NH Zip Code 03102

Purpose of Disbursement
PRINTING

Candidate Name

Category/
Type**Transaction ID : SB21B.I6**

Amount of Each Disbursement this Period

965.00

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. ST REGIS DEER VALLEY

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		15		2015

Mailing Address 2300 DEER VALLEY DR E

City PARK CITY State UT Zip Code 84060

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type**Transaction ID : SB21B.I246**

Amount of Each Disbursement this Period

410.29

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. ST REGIS DEER VALLEY

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		12		2015

Mailing Address 2300 DEER VALLEY DR E

City PARK CITY State UT Zip Code 84060

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type**Transaction ID : SB21B.I247**

Amount of Each Disbursement this Period

410.29

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1785.58

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. AMY C FRAKES

Mailing Address 405 W K ST

City	State	Zip Code
FOREST CITY	IA	50436

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

Transaction ID : SB21B.I163

Amount of Each Disbursement this Period

1153.85

[MEMO ITEM]
SURGE RESOURCES 6/4

Full Name (Last, First, Middle Initial)

B. NITSA C. IOANNIDES

Mailing Address 3 AVERY ST

City	State	Zip Code
PLYMOUTH	NH	03264

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

MM / DD / YYYY

Transaction ID : SB21B.I164

Amount of Each Disbursement this Period

1153.85

[MEMO ITEM]
SURGE RESOURCES 6/4

Full Name (Last, First, Middle Initial)

C. KERRY L MARSH

Mailing Address 65 CLINTON ST

City	State	Zip Code
CONCORD	NH	03301

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement



Transaction ID : SB21B.I165

Amount of Each Disbursement this Period

4615.38

[MEMO ITEM]
SURGE RESOURCES 6/4

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

0.00

[illegible]

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. PETER G. ROGERS

Category/
Type

553.85

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

[MEMO ITEM]
SURGE RESOURCES 6/4

B. LESLIE C. SHEDD

MM / DD / YYYY

Category/
Type

3461.54

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

[MEMO ITEM]
SURGE RESOURCES 6/4

C. THOMAS A. SZOLD

Category/
Type

3692.31

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

[MEMO ITEM]
SURGE RESOURCES 6/4

0.00

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. ANNA K. TARNAWSKI

Category/
Type

1846.15

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

[MEMO ITEM]
SURGE RESOURCES 6/4

B. SURGE RESOURCES, INC

Category/
Type

4965.41

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

[MEMO ITEM]
SURGE RESOURCES 6/4

C. SURGE RESOURCES, INC

Category/
Type

709.54

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

[MEMO ITEM]
SURGE 6/5

0.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 130 OF 362

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. SURGE RESOURCES, INC

Mailing Address 920 CANDIA RD

City
MANCHESTERState
NHZip Code
03109Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 10 / 2015
Transaction ID : SB21B.I16

Amount of Each Disbursement this Period

2912.86

Full Name (Last, First, Middle Initial)

B. KERRY L MARSH

Mailing Address 65 CLINTON ST

City
CONCORDState
NHZip Code
03301Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 10 / 2015
Transaction ID : SB21B.I31

Amount of Each Disbursement this Period

2307.69

[MEMO ITEM]

SURGE RESOURCES 4/10

Full Name (Last, First, Middle Initial)

C. SURGE RESOURCES, INC

Mailing Address 920 CANDIA RD

City
MANCHESTERState
NHZip Code
03109Purpose of Disbursement
SET UP FEE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 10 / 2015
Transaction ID : SB21B.I30

Amount of Each Disbursement this Period

250.00

[MEMO ITEM]

SURGE RESOURCES 4/10

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2912.86

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. DEIRDRE CARSON

Mailing Address 19 TOKANEL DR

City	State	Zip Code
LONDONDERRY	NH	03053

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

Transaction ID : SB21B.I278

Amount of Each Disbursement this Period

576.93

[MEMO ITEM]
SURGE 6/18

Full Name (Last, First, Middle Initial)

B. GENE G. CHANDLER

Mailing Address BOX 296

City	State	Zip Code
BARLETT	NH	03812

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

MM / DD / YYYY

Transaction ID : SB21B.I279

Amount of Each Disbursement this Period

1353.85

[MEMO ITEM]
SURGE 6/18

Full Name (Last, First, Middle Initial)

C. YVONNE M. DEAN-BAILEY

Mailing Address 363 1ST NH TURNPIKE

City	State	Zip Code
NORTHWOOD	NH	03261

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

Transaction ID : SB21B.I280

Amount of Each Disbursement this Period

1403.85

[MEMO ITEM]
SURGE 6/18

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

Gender	Percentage
Male	0.00%
Female	0.00%

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. KATIE R. DELZELL

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2015

Mailing Address 1919 14TH ST NW
SUITE #514

City WASHINGTON State DC Zip Code 20009

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type**Transaction ID : SB21B.I281**

Amount of Each Disbursement this Period

2307.69

[MEMO ITEM]

SURGE 6/18

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. STEPHEN A. DEMAURA

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2015

Mailing Address 125 CHANCERY RD

City LANGHORNE State PA Zip Code 19047

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type**Transaction ID : SB21B.I282**

Amount of Each Disbursement this Period

3692.31

[MEMO ITEM]

SURGE 6/18

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. MARY EARNHARDT

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2015

Mailing Address 6465 65TH PL
STE 185

City WEST DES MOINES State IA Zip Code 50266

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type**Transaction ID : SB21B.I283**

Amount of Each Disbursement this Period

3692.31

[MEMO ITEM]

SURGE 6/18

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 135 OF 362

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. THOMAS MERCADO

Mailing Address 315 RIVERSIDE CHASE CIR

City	State	Zip Code
GREER	SC	29650

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2015

Transaction ID : SB21B.I287

Amount of Each Disbursement this Period

1384.62

[MEMO ITEM]

SURGE 6/18

Full Name (Last, First, Middle Initial)

B. CRAIG MURPHY

Mailing Address 3701 KARALYN CT

City	State	Zip Code
ARLINGTON	TX	76016

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2015

Transaction ID : SB21B.I288

Amount of Each Disbursement this Period

2307.69

[MEMO ITEM]

SURGE 6/18

Full Name (Last, First, Middle Initial)

C. CHRISTY L. PAAVOLAMailing Address 220 CENTURY PL
#3109

City	State	Zip Code
ALEXANDRIA	VA	22304

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2015

Transaction ID : SB21B.I290

Amount of Each Disbursement this Period

2884.62

[MEMO ITEM]

SURGE 6/18

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 137 OF 362

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. THOMAS A. SZOLD

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			1	6			2	0	1	5		

Mailing Address 4530 CONNECTICUT AVE NW
#705

City WASHINGTON State DC Zip Code 20008

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type**Transaction ID : SB21B.I293**

Amount of Each Disbursement this Period

3692.31

[MEMO ITEM]
SURGE 6/18

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. ANNA K. TARNAWSKI

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			1	6			2	0	1	5		

Mailing Address 401 12TH ST S
APT #522

City ARLINGTON State VA Zip Code 22202

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type**Transaction ID : SB21B.I298**

Amount of Each Disbursement this Period

1846.15

[MEMO ITEM]
SURGE 6/18

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. SURGE RESOURCES, INC

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			1	6			2	0	1	5		

Mailing Address 920 CANDIA RD

City MANCHESTER State NH Zip Code 03109

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Category/
Type**Transaction ID : SB21B.I276**

Amount of Each Disbursement this Period

5476.98

[MEMO ITEM]
SURGE 6/18

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. SURGE RESOURCES, INC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2015

Mailing Address 920 CANDIA RD

City	State	Zip Code
MANCHESTER	NH	03109

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type**Transaction ID : SB21B.I295**

Amount of Each Disbursement this Period

709.54

[MEMO ITEM]

SURGE 6/18

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

B. SURGE RESOURCES, INC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		23		2015

Mailing Address 920 CANDIA RD

City	State	Zip Code
MANCHESTER	NH	03109

Purpose of Disbursement
PAYROLL REIMBURSEMENT

Candidate Name

Category/
Type**Transaction ID : SB21B.I82**

Amount of Each Disbursement this Period

26100.27

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

C. STEPHEN A. DEMAURA

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		24		2015

Mailing Address 125 CHANCERY RD

City	State	Zip Code
LANGHORNE	PA	19047

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type**Transaction ID : SB21B.I116**

Amount of Each Disbursement this Period

3692.31

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

[MEMO ITEM]

SURGE RESOURCES 4/23

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

26100.27

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. SURGE RESOURCES, INC

Mailing Address 920 CANDIA RD

City
MANCHESTERState
NHZip Code
03109Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼
Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 24 2015

Transaction ID : SB21B.I123

Amount of Each Disbursement this Period

3288.80

[MEMO ITEM]

SURGE RESOURCES 4/23

Full Name (Last, First, Middle Initial)

B. SURGE RESOURCES, INC

Mailing Address 920 CANDIA RD

City
MANCHESTERState
NHZip Code
03109Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼
Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 24 2015

Transaction ID : SB21B.I296

Amount of Each Disbursement this Period

80.70

[MEMO ITEM]

SURGE 4/23

Full Name (Last, First, Middle Initial)

C. SURGE RESOURCES, INC

Mailing Address 920 CANDIA RD

City
MANCHESTERState
NHZip Code
03109Purpose of Disbursement
PAYROLL REIMBURSEMENT

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼
Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 29 2015

Transaction ID : SB21B.I83

Amount of Each Disbursement this Period

3956.54

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3956.54

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. KERRY L MARSH

Mailing Address 65 CLINTON ST

City	State	Zip Code
CONCORD	NH	03301

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President
State:	District:	

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Transaction ID : SB21B.I132

Amount of Each Disbursement this Period

4615.38

[MEMO ITEM]
SURGE RESOURCES 5/7

Full Name (Last, First, Middle Initial)

B. CRAIG MURPHY

Mailing Address 3701 KARALYN CT

City	State	Zip Code
ARLINGTON	TX	76016

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President
State:	District:	

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Transaction ID : SB21B.I133

Amount of Each Disbursement this Period

2307.69

[MEMO ITEM]
SURGE RESOURCES 5/7

Full Name (Last, First, Middle Initial)

C. CHRISTY L. PAAVOLA

Mailing Address 220 CENTURY PL
#3109

City	State	Zip Code
ALEXANDRIA	VA	22304

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President
State:	District:	

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Transaction ID : SB21B.I134

Amount of Each Disbursement this Period

2884.62

[MEMO ITEM]
SURGE RESOURCES 5/7

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

0.00

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Category/
Type

[MEMO ITEM]
SURGE RESOURCES 5/7

Category/
Type

[MEMO ITEM]
SURGE RESOURCES 5/7

Category/
Type

[MEMO ITEM]
SURGE RESOURCES 5/7

Age Group	Percentage
18-24	25.00
25-34	20.00
35-44	15.00
45-54	10.00
55-64	8.00
65-74	6.00
75-84	4.00
85+	5.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. SURGE RESOURCES, INC

Mailing Address 920 CANDIA RD

City
MANCHESTERState
NHZip Code
03109Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼
Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 08 2015
Transaction ID : SB21B.I127

Amount of Each Disbursement this Period

3948.80

[MEMO ITEM]

SURGE RESOURCES 5/7

Full Name (Last, First, Middle Initial)

B. SURGE RESOURCES, INC

Mailing Address 920 CANDIA RD

City
MANCHESTERState
NHZip Code
03109Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼
Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 08 2015
Transaction ID : SB21B.I297

Amount of Each Disbursement this Period

161.40

[MEMO ITEM]

SURGE 5/7

Full Name (Last, First, Middle Initial)

C. SURGE RESOURCES, INC

Mailing Address 920 CANDIA RD

City
MANCHESTERState
NHZip Code
03109Purpose of Disbursement
PAYROLL REIMBURSEMENT

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼
Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 21 2015
Transaction ID : SB21B.I95

Amount of Each Disbursement this Period

35239.68

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

35239.68

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. KATIE R. DELZELL

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			2	2			2	0	1	5		

Mailing Address 1919 14TH ST NW
SUITE #514

City WASHINGTON State DC Zip Code 20009

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type**Transaction ID : SB21B.I141**

Amount of Each Disbursement this Period

2307.69

[MEMO ITEM]

SURGE RESOURCES 5/21

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. STEPHEN A. DEMAURA

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			2	2			2	0	1	5		

Mailing Address 125 CHANCERY RD

City LANGHORNE State PA Zip Code 19047

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type**Transaction ID : SB21B.I142**

Amount of Each Disbursement this Period

3692.31

[MEMO ITEM]

SURGE RESOURCES 5/21

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. MARY EARNHARDT

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			2	2			2	0	1	5		

Mailing Address 6465 65TH PL
STE 185

City WEST DES MOINES State IA Zip Code 50266

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type**Transaction ID : SB21B.I143**

Amount of Each Disbursement this Period

3692.31

[MEMO ITEM]

SURGE RESOURCES 5/21

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. AMY C FRAKES

Category/
Type

1403.85

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

[MEMO ITEM]
SURGE RESOURCES 5/21

B. KERRY L MARSH

MM / DD / YYYY

Category/
Type

4615.38

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

[MEMO ITEM]
SURGE RESOURCES 5/21

C. CRAIG MURPHY

05 / 22 / 2015

Category/
Type

2307.69

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

[MEMO ITEM]
SURGE RESOURCES 5/21

SUBTOTAL of Disbursements This Page (optional).....

0.00

TOTAL This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. ANNA K. TARNAWSKI

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			2	2			2	0	1	5		

Mailing Address 401 12TH ST S
APT #522

City ARLINGTON State VA Zip Code 22202

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type**Transaction ID : SB21B.I154**

Amount of Each Disbursement this Period

1846.15

[MEMO ITEM]

SURGE RESOURCES 5/21

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. SURGE RESOURCES, INC

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			2	2			2	0	1	5		

Mailing Address 920 CANDIA RD

City MANCHESTER State NH Zip Code 03109

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Category/
Type**Transaction ID : SB21B.I140**

Amount of Each Disbursement this Period

4276.49

[MEMO ITEM]

SURGE RESOURCES 5/21

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. SURGE RESOURCES, INC

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			2	0			2	0	1	5		

Mailing Address 920 CANDIA RD

City MANCHESTER State NH Zip Code 03109

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type**Transaction ID : SB21B.I300**

Amount of Each Disbursement this Period

1059.34

[MEMO ITEM]

SURGE 5/21

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0	0	0	0	0	0	0	0	0	0	0	0	0	0

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. SWIFTKURRENT

Date of Disbursement

Mailing Address 83 CABOT ST

City	State	Zip Code
BEVERLY	MA	01915

Transaction ID : SB21B.I103

Purpose of Disbursement

DIGITAL CONSULTING

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

9804.78

Full Name (Last, First, Middle Initial)

B. SWIFTKURRENT

Date of Disbursement

Mailing Address 83 CABOT ST

City	State	Zip Code
BEVERLY	MA	01915

Transaction ID : SB21B.I13

Purpose of Disbursement	
ONLINE EXPENSES	

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

12962.05

Full Name (Last, First, Middle Initial)

C. SWIFTKURRENT

Date of Disbursement

Mailing Address 83 CABOT ST



Three digital displays are shown, each with a different date format. The first display shows 'MM' at the top and '06' at the bottom. The second display shows 'DD' at the top and '12' at the bottom. The third display shows 'YYYY' at the top and '2015' at the bottom. Each display has a light gray border and a white background.

City	State	Zip Code
BEVERLY	MA	01915

Transaction ID : SB21B.I234

Purpose of Disbursement

DIGITAL CONSULTING: EXPENSES

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

36600.55

SUBTOTAL of Disbursements This Page (optional).....

59367.38

TOTAL This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. SWIFTKURRENT

Mailing Address 83 CABOT ST

City	State	Zip Code
BEVERLY	MA	01915

Purpose of Disbursement
DEBIT TO CREDIT ON SCHEDULE E, LINE 24IE

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		28		2015

Transaction ID : SB21B.I501

Amount of Each Disbursement this Period

-749.70

Full Name (Last, First, Middle Initial)

B. SWIFTKURRENT

Mailing Address 83 CABOT ST

City	State	Zip Code
BEVERLY	MA	01915

Purpose of Disbursement
DEBIT TO CREDIT ON SCHEDULE E, LINE 24IE

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2015

Transaction ID : SB21B.I502

Amount of Each Disbursement this Period

-3000.00

Full Name (Last, First, Middle Initial)

C. SWIFTKURRENT

Mailing Address 83 CABOT ST

City	State	Zip Code
BEVERLY	MA	01915

Purpose of Disbursement
DEBIT TO CREDIT ON SCHEDULE E, LINE 24IE

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		22		2015

Transaction ID : SB21B.I503

Amount of Each Disbursement this Period

-382.80

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

-4132.50

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. SWIFTKURRENT

Mailing Address 83 CABOT ST

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement
DEBIT TO CREDIT ON SCHEDULE E, LINE 24IE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 23 2015
Transaction ID : SB21B.I504

Amount of Each Disbursement this Period

-500.00

Full Name (Last, First, Middle Initial)

B. SWIFTKURRENT

Mailing Address 83 CABOT ST

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement
DEBIT TO CREDIT ON SCHEDULE E, LINE 24IE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 26 2015
Transaction ID : SB21B.I505

Amount of Each Disbursement this Period

-200.00

Full Name (Last, First, Middle Initial)

C. SWIFTKURRENT

Mailing Address 83 CABOT ST

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement
DEBIT TO CREDIT ON SCHEDULE E, LINE 24IE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 01 2015
Transaction ID : SB21B.I506

Amount of Each Disbursement this Period

-3155.85

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

-3855.85

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 155 OF 362

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. SWIFTKURRENT

Mailing Address 83 CABOT ST

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement
DEBIT TO CREDIT ON SCHEDULE E, LINE 24IE

Candidate Name

Office Sought: ☐ House
 ☐ Senate
 ☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 13 2015
Transaction ID : SB21B.I507

Amount of Each Disbursement this Period

-15109.22

Full Name (Last, First, Middle Initial)

B. SWIFTKURRENT

Mailing Address 83 CABOT ST

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement
DEBIT TO CREDIT ON SCHEDULE E, LINE 24IE

Candidate Name

Office Sought: ☐ House
 ☐ Senate
 ☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 16 2015
Transaction ID : SB21B.I508

Amount of Each Disbursement this Period

-899.13

Full Name (Last, First, Middle Initial)

C. SWIFTKURRENT

Mailing Address 83 CABOT ST

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement
DEBIT TO CREDIT ON SCHEDULE E, LINE 24IE

Candidate Name

Office Sought: ☐ House
 ☐ Senate
 ☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 15 2015
Transaction ID : SB21B.I509

Amount of Each Disbursement this Period

-423.57

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

-16431.92

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 156 OF 362

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. SWING RED STRATEGIES

Mailing Address 6626 CYPRESS POINT RD

City ALEXANDRIA State VA Zip Code 22312

Purpose of Disbursement
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 28 2015
Transaction ID : SB21B.I65

Amount of Each Disbursement this Period

5864.13

Full Name (Last, First, Middle Initial)

B. TARBELL COMPANIES, INCMailing Address 66 CANAL CENTER PLZ
STE 500

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
STRATEGIC CONSULTING; CONSULTANT EXPENSES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 18 2015
Transaction ID : SB21B.I1

Amount of Each Disbursement this Period

155000.00

Full Name (Last, First, Middle Initial)

C. TARBELL COMPANIES, INCMailing Address 66 CANAL CENTER PLZ
STE 500

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
STRATEGIC CONSULTING & CONSULTANT EXPENSES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 28 2015
Transaction ID : SB21B.I111

Amount of Each Disbursement this Period

111337.36

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

272201.49

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Category/
Type

7000.00

Category/
Type

9830.71

Three digital displays are shown, each with a date format. The first display shows '04' with two small squares above it. The second display shows '28' with two small squares above it. The third display shows '2015' with four small squares above it.

Category/
Type

1679.72

18510.43

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

3538.00

MM / DD / YYYY

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

500.00

Three digital displays are shown, each with a row of small squares above the main display area. The first display shows '06' with two squares above it. The second display shows '03' with two squares above it. The third display shows '2015' with four squares above it.

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

500.00

4538.00

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

A. VANDENBERG & ASSOCIATES INC.

Date of Disbursement

Transaction ID : SB21B.I105

Amount of Each Disbursement this Period

2119.33

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Full Name (Last, First, Middle)
B. VOTER GRAVITY

Date of Disbursement

MM / DD / YYYY

Mailing Address 121 E MAIN ST

City	State	Zip Code
PURCELLVILLE	VA	20132

Transaction ID : SB21B.I113

Purpose of Disbursement
VOTER CONTACT

Amount of Each Disbursement this Period

2500.00

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

Full Name (Last, First, Mid

C. VOTER GRAVITY

Date of Disbursement

Mailing Address 121 E MAIN ST

City	State	Zip Code
PURCELLVILLE	VA	20132

Transaction ID : SB21B.I22

Purpose of Disbursement

VOTER CONTACT SOFTWARE

Amount of Each Disbursement this Period

15000.00

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

SUBTOTAL of Disbursements This Page (optional).....

19619.33

TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 160 OF 362

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA

Full Name (Last, First, Middle Initial)

A. VOX POPULI POLLING

Mailing Address 700 SOUTH WASHINGTON, SUITE 310

City	State	Zip Code
ALEXANDRIA	VA	22314

Purpose of Disbursement
POLLING

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		15		2015

Transaction ID : SB21B.I240

Amount of Each Disbursement this Period

5604.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

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C.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5604.00

1297397.63

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 161 OF 362
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA			FEC IDENTIFICATION NUMBER ▼ C C00573154	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY	
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 24 / 2015		
Mailing Address 83 CABOT ST		Amount 23.02		
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SE24.332	
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 02 / 24 / 2015	
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: AK	
Calendar Year-To-Date Per Election for Office Sought		336.98	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 24 / 2015		
Mailing Address 83 CABOT ST		Amount 23.02		
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SE24.333	
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 02 / 24 / 2015	
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: AL	
Calendar Year-To-Date Per Election for Office Sought		336.98	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		46.04		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
CHRIS MARSTON		[Electronically Filed]		Date
Signature				MM / DD / YYYY 07 / 31 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA		FEC IDENTIFICATION NUMBER ▼ C C00573154
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 24 / 2015
Mailing Address 83 CABOT ST		Amount 23.02
City BEVERLY	State MA	Zip Code 01915
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Office Sought: <input type="checkbox"/> House District: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 24 / 2015
Mailing Address 83 CABOT ST		Amount 23.02
City BEVERLY	State MA	Zip Code 01915
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Office Sought: <input type="checkbox"/> House District: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: AS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	46.04
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON
Signature

[Electronically Filed] Date **07 / 31 / 2015**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 163 OF 362
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00573154</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>				
Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">02 / 24 / 2015</div>	
Mailing Address 83 CABOT ST			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">23.02</div>	
City BEVERLY		State MA	Zip Code 01915	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Name of Federal Candidate CARLY FIORINA			Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>AZ</u>	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">336.98</div>			<div style="border: 1px solid black; padding: 2px; display: inline-block;">336.98</div>	
Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">02 / 24 / 2015</div>	
Mailing Address 83 CABOT ST			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">23.02</div>	
City BEVERLY		State MA	Zip Code 01915	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Name of Federal Candidate CARLY FIORINA			Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CA</u>	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">336.98</div>			<div style="border: 1px solid black; padding: 2px; display: inline-block;">336.98</div>	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶ <div style="border: 1px solid black; padding: 2px; display: inline-block; float: right;">46.04</div>				
(b) SUBTOTAL of Unitemized Independent Expenditures ▶ <div style="border: 1px solid black; padding: 2px; display: inline-block; float: right;"></div>				
(c) TOTAL Independent Expenditures..... ▶ <div style="border: 1px solid black; padding: 2px; display: inline-block; float: right;"></div>				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
CHRIS MARSTON <div style="text-align: right;">[Electronically Filed] Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">07 / 31 / 2015</div></div>				
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 164 OF 362
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA		FEC IDENTIFICATION NUMBER ▼ C C00573154
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 24 / 2015
Mailing Address 83 CABOT ST		Amount 23.02
City BEVERLY	State MA	Zip Code 01915
Purpose of Expenditure ADVERTISING - ONLINE	Category/Type	Transaction ID : SE24.338 Date of Disbursement or Obligation MM / DD / YYYY 02 / 24 / 2015
Name of Federal Candidate CARLY FIORINA		Office Sought: <input checked="" type="checkbox"/> House District: _____ <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: CO
Calendar Year-To-Date Per Election for Office Sought 336.98		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 24 / 2015
Mailing Address 83 CABOT ST		Amount 23.02
City BEVERLY	State MA	Zip Code 01915
Purpose of Expenditure ADVERTISING - ONLINE	Category/Type	Transaction ID : SE24.339 Date of Disbursement or Obligation MM / DD / YYYY 02 / 24 / 2015
Name of Federal Candidate CARLY FIORINA		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: CT
Calendar Year-To-Date Per Election for Office Sought 336.98		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	46.04
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON

[Electronically Filed]

Signature

Date

MM / DD / YYYY
07 / 31 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 165 OF 362
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA			FEC IDENTIFICATION NUMBER ▼ C C00573154	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 02 / 24 / 2015		
Mailing Address 83 CABOT ST		Amount 23.02		
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SE24.340	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 02 / 24 / 2015	
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DC	
Calendar Year-To-Date Per Election for Office Sought		336.98	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 02 / 24 / 2015		
Mailing Address 83 CABOT ST		Amount 23.02		
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SE24.341	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 02 / 24 / 2015	
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DE	
Calendar Year-To-Date Per Election for Office Sought		336.98	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		46.04		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
CHRIS MARSTON		[Electronically Filed]		Date
Signature				M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 166 OF 362
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA		FEC IDENTIFICATION NUMBER ▼ C C00573154
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 24 / 2015
Mailing Address 83 CABOT ST		Amount 23.02
City BEVERLY	State MA	Zip Code 01915
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	Transaction ID : SE24.342 Date of Disbursement or Obligation MM / DD / YYYY 02 / 24 / 2015
Name of Federal Candidate CARLY FIORINA		Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought 336.98		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 24 / 2015
Mailing Address 83 CABOT ST		Amount 23.02
City BEVERLY	State MA	Zip Code 01915
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	Transaction ID : SE24.343 Date of Disbursement or Obligation MM / DD / YYYY 02 / 24 / 2015
Name of Federal Candidate CARLY FIORINA		Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: GA
Calendar Year-To-Date Per Election for Office Sought 336.98		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	46.04
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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CHRIS MARSTON

[Electronically Filed]

Signature

Date

MM / DD / YYYY
07 / 31 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 167 OF 362
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00573154</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>				
Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">02</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">24</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;">2015</div>	
Mailing Address 83 CABOT ST			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 23.02	
City BEVERLY		State MA	Zip Code 01915	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type <div style="display: inline-block; border-bottom: 1px solid black; width: 60px;"></div>		
Name of Federal Candidate CARLY FIORINA			Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: GU	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 336.98			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">02</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">24</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;">2015</div>	
Mailing Address 83 CABOT ST			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 23.02	
City BEVERLY		State MA	Zip Code 01915	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type <div style="display: inline-block; border-bottom: 1px solid black; width: 60px;"></div>		
Name of Federal Candidate CARLY FIORINA			Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: HI	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 336.98			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
<div style="display: flex; justify-content: space-between;"><div style="width: 60%;">(a) SUBTOTAL of Itemized Independent Expenditures..... ▶</div><div style="width: 35%; text-align: right;"><div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 46.04</div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(b) SUBTOTAL of Unitemized Independent Expenditures ▶</div><div style="width: 35%; text-align: right;"><div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(c) TOTAL Independent Expenditures..... ▶</div><div style="width: 35%; text-align: right;"><div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div></div></div>				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. <div style="display: flex; justify-content: space-between; align-items: flex-end;"><div style="width: 40%;">Signature <div style="border-bottom: 1px solid black; width: 100%;"></div> CHRIS MARSTON</div><div style="width: 20%; text-align: center;">[Electronically Filed]</div><div style="width: 20%; text-align: center;">Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">07</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">31</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;">2015</div></div><div style="width: 20%;"></div></div>				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 168 OF 362
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00573154</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>				
Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">02</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">24</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;">2015</div>	
Mailing Address 83 CABOT ST			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 23.02	
City BEVERLY		State MA	Zip Code 01915	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type <div style="display: inline-block; border-bottom: 1px solid black; width: 60px;"></div>		
Name of Federal Candidate CARLY FIORINA			Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 2583.19			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">02</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">24</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;">2015</div>	
Mailing Address 83 CABOT ST			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 23.02	
City BEVERLY		State MA	Zip Code 01915	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type <div style="display: inline-block; border-bottom: 1px solid black; width: 60px;"></div>		
Name of Federal Candidate CARLY FIORINA			Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: ID	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 336.98			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 46.04	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>	
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature CHRIS MARSTON			Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">07</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">31</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;">2015</div>	

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 169 OF 362
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA			FEC IDENTIFICATION NUMBER ▼ C C00573154	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYYYY				
Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination MM / DD / YYYYYY 02 / 24 / 2015	
Mailing Address 83 CABOT ST			Amount 23.02	
City BEVERLY		State MA	Zip Code 01915	
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type 	Transaction ID : SE24.348 Date of Disbursement or Obligation MM / DD / YYYYYY 02 / 24 / 2015	
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IL	
Calendar Year-To-Date Per Election for Office Sought 336.98		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination MM / DD / YYYYYY 02 / 24 / 2015	
Mailing Address 83 CABOT ST			Amount 23.02	
City BEVERLY		State MA	Zip Code 01915	
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type 	Transaction ID : SE24.349 Date of Disbursement or Obligation MM / DD / YYYYYY 02 / 24 / 2015	
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IN	
Calendar Year-To-Date Per Election for Office Sought 336.98		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			46.04	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
CHRIS MARSTON		[Electronically Filed]		Date MM / DD / YYYYYY 07 / 31 / 2015
Signature				

Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination <div> <div>M M / D D / Y Y Y Y Y</div> <div>02 / 24 / 2015</div> </div>	
Mailing Address 83 CABOT ST		Amount <div> <div></div> <div>23.02</div> </div>	
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SE24.351 Date of Disbursement or Obligation <div> <div>M M / D D / Y Y Y Y Y</div> <div>02 / 24 / 2015</div> </div>
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type	
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: <u>KY</u>
Calendar Year-To-Date Per Election for Office Sought		<div> <div></div> <div>336.98</div> </div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	46.04
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Three digital displays are shown side-by-side, separated by slashes. The first display shows '07' with 'M' and 'M' above it. The second display shows '31' with 'D' and 'D' above it. The third display shows '2015' with 'Y', 'Y', 'Y', and 'Y' above it.

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 171 OF 362
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00573154</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>				
Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">02</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">24</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;">2015</div>	
Mailing Address 83 CABOT ST			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">23.02</div>	
City BEVERLY		State MA	Zip Code 01915	
Purpose of Expenditure ADVERTISING - ONLINE			Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 60px;"></div>	
Name of Federal Candidate CARLY FIORINA			Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">336.98</div>				
Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">02</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">24</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;">2015</div>	
Mailing Address 83 CABOT ST			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">23.02</div>	
City BEVERLY		State MA	Zip Code 01915	
Purpose of Expenditure ADVERTISING - ONLINE			Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 60px;"></div>	
Name of Federal Candidate CARLY FIORINA			Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MA	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">336.98</div>				
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶ <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">46.04</div>				
(b) SUBTOTAL of Unitemized Independent Expenditures ▶ <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div>				
(c) TOTAL Independent Expenditures..... ▶ <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div>				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <u>CHRIS MARSTON</u> [Electronically Filed] Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">07</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">31</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;">2015</div>				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 172 OF 362
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00573154</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>				
Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> 02 / 24 / 2015	
Mailing Address 83 CABOT ST			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 23.02	
City BEVERLY		State MA	Zip Code 01915	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type <div style="display: inline-block; border-bottom: 1px solid black; width: 60px;"></div>		
Name of Federal Candidate CARLY FIORINA			Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MD	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 336.97			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> 02 / 24 / 2015	
Mailing Address 83 CABOT ST			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 23.02	
City BEVERLY		State MA	Zip Code 01915	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type <div style="display: inline-block; border-bottom: 1px solid black; width: 60px;"></div>		
Name of Federal Candidate CARLY FIORINA			Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: ME	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 336.97			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶ <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 46.04				
(b) SUBTOTAL of Unitemized Independent Expenditures ▶ <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>				
(c) TOTAL Independent Expenditures..... ▶ <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature CHRIS MARSTON			Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> 07 / 31 / 2015	
<i>[Electronically Filed]</i>				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 173 OF 362
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA		FEC IDENTIFICATION NUMBER ▼ C C00573154
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 24 / 2015
Mailing Address 83 CABOT ST		Amount 23.02
City BEVERLY	State MA	Zip Code 01915
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	Transaction ID : SE24.356 Date of Disbursement or Obligation MM / DD / YYYY 02 / 24 / 2015
Name of Federal Candidate CARLY FIORINA		Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MI
Calendar Year-To-Date Per Election for Office Sought 336.98		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 24 / 2015
Mailing Address 83 CABOT ST		Amount 23.02
City BEVERLY	State MA	Zip Code 01915
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	Transaction ID : SE24.357 Date of Disbursement or Obligation MM / DD / YYYY 02 / 24 / 2015
Name of Federal Candidate CARLY FIORINA		Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MN
Calendar Year-To-Date Per Election for Office Sought 336.98		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	46.04
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON

[Electronically Filed]

Signature

Date

MM / DD / YYYY
07 / 31 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 174 OF 362
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA		FEC IDENTIFICATION NUMBER ▼ C C00573154
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 24 / 2015
Mailing Address 83 CABOT ST		Amount 23.02
City BEVERLY	State MA	Zip Code 01915
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	Transaction ID : SE24.358 Date of Disbursement or Obligation MM / DD / YYYY 02 / 24 / 2015
Name of Federal Candidate CARLY FIORINA		Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MO
Calendar Year-To-Date Per Election for Office Sought 336.98		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 24 / 2015
Mailing Address 83 CABOT ST		Amount 23.01
City BEVERLY	State MA	Zip Code 01915
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	Transaction ID : SE24.359 Date of Disbursement or Obligation MM / DD / YYYY 02 / 24 / 2015
Name of Federal Candidate CARLY FIORINA		Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MP
Calendar Year-To-Date Per Election for Office Sought 336.98		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	46.03
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON

[Electronically Filed]

Signature

Date

MM / DD / YYYY
07 / 31 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 175 OF 362
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA		FEC IDENTIFICATION NUMBER ▼ C C00573154	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY			
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 24 / 2015	
Mailing Address 83 CABOT ST		Amount 23.02	
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SE24.360
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type 	Date of Disbursement or Obligation MM / DD / YYYY 02 / 24 / 2015
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MS
Calendar Year-To-Date Per Election for Office Sought 336.98		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 24 / 2015	
Mailing Address 83 CABOT ST		Amount 23.02	
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SE24.361
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type 	Date of Disbursement or Obligation MM / DD / YYYY 02 / 24 / 2015
Name of Federal Candidate CARKY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MT
Calendar Year-To-Date Per Election for Office Sought 336.98		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		46.04	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
CHRIS MARSTON		[Electronically Filed]	
Signature		Date MM / DD / YYYY 07 / 31 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 176 OF 362
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA			FEC IDENTIFICATION NUMBER ▼ C C00573154	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY				
Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 24 / 2015	
Mailing Address 83 CABOT ST			Amount 23.01	
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SE24.362	
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type 	Date of Disbursement or Obligation MM / DD / YYYY 02 / 24 / 2015	
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 336.98		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 24 / 2015	
Mailing Address 83 CABOT ST			Amount 23.01	
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SE24.363	
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type 	Date of Disbursement or Obligation MM / DD / YYYY 02 / 24 / 2015	
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: ND	
Calendar Year-To-Date Per Election for Office Sought 336.98		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			46.02	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
CHRIS MARSTON		[Electronically Filed]		Date MM / DD / YYYY 07 / 31 / 2015
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 177 OF 362
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00573154</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>				
Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">02</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">24</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;">2015</div>	
Mailing Address 83 CABOT ST			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 23.02	
City BEVERLY		State MA	Zip Code 01915	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type <div style="display: inline-block; border-bottom: 1px solid black; width: 60px;"></div>		
Name of Federal Candidate CARLY FIORINA			Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NE</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 336.98			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">02</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">24</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;">2015</div>	
Mailing Address 83 CABOT ST			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 23.01	
City BEVERLY		State MA	Zip Code 01915	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type <div style="display: inline-block; border-bottom: 1px solid black; width: 60px;"></div>		
Name of Federal Candidate CARLY FIORINA			Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NH</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 2583.19			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 46.03	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>	
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
CHRIS MARSTON			[Electronically Filed]	
Signature			Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">07</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">31</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;">2015</div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 178 OF 362
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA			FEC IDENTIFICATION NUMBER ▼ C C00573154	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY				
Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 24 / 2015	
Mailing Address 83 CABOT ST			Amount 23.01	
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SE24.366	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type 	Date of Disbursement or Obligation MM / DD / YYYY 02 / 24 / 2015	
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NJ	
Calendar Year-To-Date Per Election for Office Sought		336.98	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 24 / 2015	
Mailing Address 83 CABOT ST			Amount 23.01	
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SE24.367	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type 	Date of Disbursement or Obligation MM / DD / YYYY 02 / 24 / 2015	
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NM	
Calendar Year-To-Date Per Election for Office Sought		336.98	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			46.02	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
CHRIS MARSTON		[Electronically Filed]	Date MM / DD / YYYY 07 / 31 / 2015	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 179 OF 362
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA			FEC IDENTIFICATION NUMBER ▼ C C00573154	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYYYY				
Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination MM / DD / YYYYYY 02 / 24 / 2015	
Mailing Address 83 CABOT ST			Amount 23.01	
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SE24.368	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type 	Date of Disbursement or Obligation MM / DD / YYYYYY 02 / 24 / 2015	
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NV	
Calendar Year-To-Date Per Election for Office Sought 336.98		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination MM / DD / YYYYYY 02 / 24 / 2015	
Mailing Address 83 CABOT ST			Amount 23.01	
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SE24.369	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type 	Date of Disbursement or Obligation MM / DD / YYYYYY 02 / 24 / 2015	
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NY	
Calendar Year-To-Date Per Election for Office Sought 336.98		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			46.02	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
CHRIS MARSTON		[Electronically Filed]		Date MM / DD / YYYYYY 07 / 31 / 2015
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 180 OF 362
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA		FEC IDENTIFICATION NUMBER ▼ C C00573154
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 24 / 2015
Mailing Address 83 CABOT ST		Amount 23.01
City BEVERLY	State MA	Zip Code 01915
Purpose of Expenditure ADVERTISING - ONLINE		Transaction ID : SE24.370
Category/Type		Date of Disbursement or Obligation MM / DD / YYYY 02 / 24 / 2015
Name of Federal Candidate CARLY FIORINA		Office Sought: <input checked="" type="checkbox"/> House District: _____ <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: OH
Calendar Year-To-Date Per Election for Office Sought 336.97		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 24 / 2015
Mailing Address 83 CABOT ST		Amount 23.01
City BEVERLY	State MA	Zip Code 01915
Purpose of Expenditure ADVERTISING - ONLINE		Transaction ID : SE24.371
Category/Type		Date of Disbursement or Obligation MM / DD / YYYY 02 / 24 / 2015
Name of Federal Candidate CARLY FIORINA		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: OK
Calendar Year-To-Date Per Election for Office Sought 336.97		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	46.02
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON

[Electronically Filed]

Signature

Date

MM / DD / YYYY
07 / 31 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 181 OF 362
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA			FEC IDENTIFICATION NUMBER ▼ C C00573154	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY				
Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 24 / 2015	
Mailing Address 83 CABOT ST			Amount 23.01	
City BEVERLY		State MA	Zip Code 01915	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type 	Transaction ID : SE24.372 Date of Disbursement or Obligation MM / DD / YYYY 02 / 24 / 2015	
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: OR	
Calendar Year-To-Date Per Election for Office Sought 336.97		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 24 / 2015	
Mailing Address 83 CABOT ST			Amount 23.01	
City BEVERLY		State MA	Zip Code 01915	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type 	Transaction ID : SE24.373 Date of Disbursement or Obligation MM / DD / YYYY 02 / 24 / 2015	
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: PA	
Calendar Year-To-Date Per Election for Office Sought 336.97		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			46.02	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
CHRIS MARSTON		[Electronically Filed]		Date MM / DD / YYYY 07 / 31 / 2015
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 182 OF 362
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00573154</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>				
Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">02</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">24</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;">2015</div>	
Mailing Address 83 CABOT ST			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 23.01	
City BEVERLY		State MA	Zip Code 01915	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type <div style="display: inline-block; border-bottom: 1px solid black; width: 60px;"></div>		
Name of Federal Candidate CARLY FIORINA			Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: PR	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 336.96			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">02</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">24</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;">2015</div>	
Mailing Address 83 CABOT ST			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 23.01	
City BEVERLY		State MA	Zip Code 01915	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type <div style="display: inline-block; border-bottom: 1px solid black; width: 60px;"></div>		
Name of Federal Candidate CARLY FIORINA			Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: RI	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 336.96			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶ <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 46.02				
(b) SUBTOTAL of Unitemized Independent Expenditures ▶ <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>				
(c) TOTAL Independent Expenditures..... ▶ <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. <div style="display: flex; justify-content: space-between;"><div style="width: 40%;">Signature CHRIS MARSTON</div><div style="width: 20%; text-align: center;">[Electronically Filed]</div><div style="width: 20%; text-align: center;">Date</div><div style="width: 20%; text-align: center;">Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">07</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">31</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;">2015</div></div></div>				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 183 OF 362
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00573154</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div>				
Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">02</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">24</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">2015</div>	
Mailing Address 83 CABOT ST			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">23.01</div>	
City BEVERLY		State MA	Zip Code 01915	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 60px;"></div>		
Name of Federal Candidate CARLY FIORINA			Office Sought: <input checked="" type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: SC	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">2683.13</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">02</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">24</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">2015</div>	
Mailing Address 83 CABOT ST			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">23.01</div>	
City BEVERLY		State MA	Zip Code 01915	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 60px;"></div>		
Name of Federal Candidate CARLY FIORINA			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: SD	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">336.96</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">46.02</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div>	
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. <div style="display: flex; justify-content: space-between;"><div style="width: 40%;">Signature CHRIS MARSTON</div><div style="width: 20%; text-align: center;">[Electronically Filed]</div><div style="width: 20%; text-align: center;">Date</div><div style="width: 20%; text-align: center;"><div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">07</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">31</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">2015</div></div></div>				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 184 OF 362
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00573154</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>				
Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">02</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">24</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;">2015</div>	
Mailing Address 83 CABOT ST			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 23.01	
City BEVERLY		State MA	Zip Code 01915	
Purpose of Expenditure ADVERTISING - ONLINE			Category/Type <div style="display: inline-block; border-bottom: 1px solid black; width: 60px;"></div>	
Name of Federal Candidate CARLY FIORINA			Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: TN	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 336.96			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">02</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">24</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;">2015</div>	
Mailing Address 83 CABOT ST			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 23.01	
City BEVERLY		State MA	Zip Code 01915	
Purpose of Expenditure ADVERTISING - ONLINE			Category/Type <div style="display: inline-block; border-bottom: 1px solid black; width: 60px;"></div>	
Name of Federal Candidate CARLY FIORINA			Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: TX	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 336.96			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶ <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 46.02				
(b) SUBTOTAL of Unitemized Independent Expenditures ▶ <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>				
(c) TOTAL Independent Expenditures..... ▶ <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. <div style="display: flex; justify-content: space-between;"><div style="width: 40%;">Signature CHRIS MARSTON</div><div style="width: 20%; text-align: center;">[Electronically Filed]</div><div style="width: 20%; text-align: center;">Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">07</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">31</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;">2015</div></div></div>				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 185 OF 362
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00573154</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>				
Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">02</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">24</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;">2015</div>	
Mailing Address 83 CABOT ST			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 23.01	
City BEVERLY		State MA	Zip Code 01915	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type <div style="display: inline-block; border-bottom: 1px solid black; width: 60px;"></div>		
Name of Federal Candidate CARLY FIORINA			Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: UT	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 336.96			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">02</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">24</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;">2015</div>	
Mailing Address 83 CABOT ST			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 23.01	
City BEVERLY		State MA	Zip Code 01915	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type <div style="display: inline-block; border-bottom: 1px solid black; width: 60px;"></div>		
Name of Federal Candidate CARLY FIORINA			Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: VA	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 336.96			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 46.02	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>	
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>	
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Signature CHRIS MARSTON			Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">07</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">31</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;">2015</div>	

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 186 OF 362
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00573154</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>				
Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">02</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">24</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;">2015</div>	
Mailing Address 83 CABOT ST			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 23.01	
City BEVERLY		State MA	Zip Code 01915	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type <div style="display: inline-block; border-bottom: 1px solid black; width: 60px;"></div>		
Name of Federal Candidate CARLY FIORINA			Office Sought: <input checked="" type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: VI	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 336.96			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">02</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">24</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;">2015</div>	
Mailing Address 83 CABOT ST			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 23.01	
City BEVERLY		State MA	Zip Code 01915	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type <div style="display: inline-block; border-bottom: 1px solid black; width: 60px;"></div>		
Name of Federal Candidate CARLY FIORINA			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: VT	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 336.96			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶ <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 46.02				
(b) SUBTOTAL of Unitemized Independent Expenditures ▶ <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>				
(c) TOTAL Independent Expenditures..... ▶ <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>				
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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 187 OF 362
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00573154</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>				
Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">02</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">24</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;">2015</div>	
Mailing Address 83 CABOT ST			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 23.01	
City BEVERLY		State MA	Zip Code 01915	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type <div style="display: inline-block; border-bottom: 1px solid black; width: 60px;"></div>		
Name of Federal Candidate CARLY FIORINA			Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>WA</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 336.96			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">02</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">24</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;">2015</div>	
Mailing Address 83 CABOT ST			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 23.01	
City BEVERLY		State MA	Zip Code 01915	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type <div style="display: inline-block; border-bottom: 1px solid black; width: 60px;"></div>		
Name of Federal Candidate CARLY FIORINA			Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>WI</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 336.96			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶ <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 46.02				
(b) SUBTOTAL of Unitemized Independent Expenditures ▶ <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>				
(c) TOTAL Independent Expenditures..... ▶ <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>				
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CHRIS MARSTON _____ Signature				
[Electronically Filed] Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> 07 / 31 / 2015				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 188 OF 362
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA			FEC IDENTIFICATION NUMBER ▼ C C00573154	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY	
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 24 / 2015		
Mailing Address 83 CABOT ST		Amount 23.01		
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SE24.386	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 02 / 24 / 2015	
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: WV	
Calendar Year-To-Date Per Election for Office Sought		336.96	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 24 / 2015		
Mailing Address 83 CABOT ST		Amount 23.01		
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SE24.387	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 02 / 24 / 2015	
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: WY	
Calendar Year-To-Date Per Election for Office Sought		336.96	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		46.02		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
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CHRIS MARSTON		[Electronically Filed]		Date
Signature				MM / DD / YYYY 07 / 31 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 189 OF 362
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00573154</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>				
Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> 02 / 26 / 2015	
Mailing Address 83 CABOT ST			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 3.58	
City BEVERLY		State MA	Zip Code 01915	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type <div style="display: inline-block; border-bottom: 1px solid black; width: 60px;"></div>		
Name of Federal Candidate CARLY FIORINA			Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: AK	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 336.98			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> 02 / 26 / 2015	
Mailing Address 83 CABOT ST			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 3.58	
City BEVERLY		State MA	Zip Code 01915	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type <div style="display: inline-block; border-bottom: 1px solid black; width: 60px;"></div>		
Name of Federal Candidate CARLY FIORINA			Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: AL	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 336.98			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
<div style="display: flex; justify-content: space-between;"><div style="width: 60%;">(a) SUBTOTAL of Itemized Independent Expenditures..... ▶</div><div style="width: 35%; text-align: right;"><div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 7.16</div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(b) SUBTOTAL of Unitemized Independent Expenditures ▶</div><div style="width: 35%; text-align: right;"><div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(c) TOTAL Independent Expenditures..... ▶</div><div style="width: 35%; text-align: right;"><div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div></div></div>				
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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 190 OF 362
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00573154</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>				
Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 02 / 26 / 2015	
Mailing Address 83 CABOT ST			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 3.58	
City BEVERLY		State MA	Zip Code 01915	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type <div style="display: inline-block; border-bottom: 1px solid black; width: 60px;"></div>		
Name of Federal Candidate CARLY FIORINA			Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 336.98			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 02 / 26 / 2015	
Mailing Address 83 CABOT ST			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 3.58	
City BEVERLY		State MA	Zip Code 01915	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type <div style="display: inline-block; border-bottom: 1px solid black; width: 60px;"></div>		
Name of Federal Candidate CARLY FIORINA			Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: AS	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 336.98			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶ <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 7.16				
(b) SUBTOTAL of Unitemized Independent Expenditures ▶ <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>				
(c) TOTAL Independent Expenditures..... ▶ <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <u>CHRIS MARSTON</u> [Electronically Filed] Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 07 / 31 / 2015				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 191 OF 362
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00573154</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>				
Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">02</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">26</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;">2015</div>	
Mailing Address 83 CABOT ST			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 3.58	
City BEVERLY		State MA	Zip Code 01915	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type <div style="display: inline-block; border-bottom: 1px solid black; width: 60px;"></div>		
Name of Federal Candidate CARLY FIORINA			Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: AZ	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 336.98			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">02</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">26</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;">2015</div>	
Mailing Address 83 CABOT ST			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 3.58	
City BEVERLY		State MA	Zip Code 01915	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type <div style="display: inline-block; border-bottom: 1px solid black; width: 60px;"></div>		
Name of Federal Candidate CARLY FIORINA			Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: CA	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 336.98			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
<div style="display: flex; justify-content: space-between;"><div style="width: 60%;">(a) SUBTOTAL of Itemized Independent Expenditures..... ▶</div><div style="width: 35%; text-align: right;"><div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 7.16</div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(b) SUBTOTAL of Unitemized Independent Expenditures ▶</div><div style="width: 35%; text-align: right;"><div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(c) TOTAL Independent Expenditures..... ▶</div><div style="width: 35%; text-align: right;"><div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div></div></div>				
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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 192 OF 362
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00573154</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>				
Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> 02 / 26 / 2015	
Mailing Address 83 CABOT ST			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 3.58	
City BEVERLY		State MA	Zip Code 01915	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type <div style="display: inline-block; border-bottom: 1px solid black; width: 60px;"></div>		
Name of Federal Candidate CARLY FIORINA			Office Sought: <input checked="" type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: CO	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 336.98			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> 02 / 26 / 2015	
Mailing Address 83 CABOT ST			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 3.58	
City BEVERLY		State MA	Zip Code 01915	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type <div style="display: inline-block; border-bottom: 1px solid black; width: 60px;"></div>		
Name of Federal Candidate CARLY FIORINA			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: CT	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 336.98			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
<div style="display: flex; justify-content: space-between;"><div style="width: 60%;">(a) SUBTOTAL of Itemized Independent Expenditures..... ▶</div><div style="width: 35%; text-align: right;"><div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 7.16</div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(b) SUBTOTAL of Unitemized Independent Expenditures ▶</div><div style="width: 35%; text-align: right;"><div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(c) TOTAL Independent Expenditures..... ▶</div><div style="width: 35%; text-align: right;"><div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div></div></div>				
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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 193 OF 362
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA			FEC IDENTIFICATION NUMBER ▼ C C00573154	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 02 / 26 / 2015		
Mailing Address 83 CABOT ST		Amount 3.57		
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SE24.396	
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 02 / 26 / 2015	
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DC	
Calendar Year-To-Date Per Election for Office Sought		336.98	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 02 / 26 / 2015		
Mailing Address 83 CABOT ST		Amount 3.57		
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SE24.397	
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 02 / 26 / 2015	
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DE	
Calendar Year-To-Date Per Election for Office Sought		336.98	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures.....		7.14		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
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CHRIS MARSTON		[Electronically Filed]		Date
Signature				M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA		FEC IDENTIFICATION NUMBER ▼ C C00573154
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 26 / 2015
Mailing Address 83 CABOT ST		Amount 3.57
City BEVERLY	State MA	Zip Code 01915
Purpose of Expenditure ADVERTISING - ONLINE	Category/Type	Transaction ID : SE24.398 Date of Disbursement or Obligation MM / DD / YYYY 02 / 26 / 2015
Name of Federal Candidate CARLY FIORINA		Office Sought: <input checked="" type="checkbox"/> House District: <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought 336.98		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 26 / 2015
Mailing Address 83 CABOT ST		Amount 3.57
City BEVERLY	State MA	Zip Code 01915
Purpose of Expenditure ADVERTISING - ONLINE	Category/Type	Transaction ID : SE24.399 Date of Disbursement or Obligation MM / DD / YYYY 02 / 26 / 2015
Name of Federal Candidate CARLY FIORINA		Office Sought: <input type="checkbox"/> House District: <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: GA
Calendar Year-To-Date Per Election for Office Sought 336.98		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	7.14
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON
Signature

[Electronically Filed] Date MM / DD / YYYY
07 / 31 / 2015

Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 26 / 2015	
Mailing Address 83 CABOT ST		Amount 3.57	
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SE24.400 Date of Disbursement or Obligation MM / DD / YYYY 02 / 26 / 2015
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type	
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: <u>GU</u>
Calendar Year-To-Date Per Election for Office Sought		336.98	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ►

Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>02 / 26 / 2015</div> </div>	
Mailing Address 83 CABOT ST		Amount <div> <div>Amount</div> <div>3.57</div> </div>	
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SE24.401 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>02 / 26 / 2015</div> </div>
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type	
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: <u>HI</u>
Calendar Year-To-Date Per Election for Office Sought		<div> <div>Amount</div> <div>336.98</div> </div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	7.14
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

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Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 196 OF 362
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA		FEC IDENTIFICATION NUMBER ▼ C C00573154
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 26 / 2015
Mailing Address 83 CABOT ST		Amount 3.57
City BEVERLY	State MA	Zip Code 01915
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate		District: _____ State: IA
Calendar Year-To-Date Per Election for Office Sought 2583.19		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 26 / 2015
Mailing Address 83 CABOT ST		Amount 3.57
City BEVERLY	State MA	Zip Code 01915
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate		District: _____ State: ID
Calendar Year-To-Date Per Election for Office Sought 336.98		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	7.14
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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CHRIS MARSTON

[Electronically Filed]

Signature

Date

MM / DD / YYYY
07 / 31 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 197 OF 362
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00573154</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>				
Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">02</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">26</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;">2015</div>	
Mailing Address 83 CABOT ST			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 3.57	
City BEVERLY		State MA	Zip Code 01915	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type <div style="display: inline-block; border-bottom: 1px solid black; width: 60px;"></div>		
Name of Federal Candidate CARLY FIORINA			Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ State: IL	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 336.98			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">02</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">26</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;">2015</div>	
Mailing Address 83 CABOT ST			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 3.57	
City BEVERLY		State MA	Zip Code 01915	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type <div style="display: inline-block; border-bottom: 1px solid black; width: 60px;"></div>		
Name of Federal Candidate CARLY FIORINA			Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ State: IN	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 336.98			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶ <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 7.14				
(b) SUBTOTAL of Unitemized Independent Expenditures ▶ <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>				
(c) TOTAL Independent Expenditures..... ▶ <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. <div style="display: flex; justify-content: space-between;"><div style="width: 40%;">Signature CHRIS MARSTON</div><div style="width: 20%; text-align: center;">[Electronically Filed]</div><div style="width: 20%; text-align: center;">Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">07</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">31</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;">2015</div></div></div>				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 198 OF 362
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00573154 </div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 02 / 26 / 2015 </div>		
Mailing Address 83 CABOT ST			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 3.57 </div>		
City BEVERLY		State MA	Zip Code 01915		Transaction ID : SE24.406
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type 		Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 02 / 26 / 2015 </div>	
Name of Federal Candidate CARLY FIORINA			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 336.98			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 02 / 26 / 2015 </div>		
Mailing Address 83 CABOT ST			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 3.57 </div>		
City BEVERLY		State MA	Zip Code 01915		Transaction ID : SE24.407
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type 		Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 02 / 26 / 2015 </div>	
Name of Federal Candidate CARLY FIORINA			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: KY
Calendar Year-To-Date Per Election for Office Sought 336.98			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 7.14 </div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>CHRIS MARSTON</u>			[Electronically Filed]		Date MM / DD / YYYY 07 / 31 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 199 OF 362
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA			FEC IDENTIFICATION NUMBER ▼ C C00573154	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY	
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 26 / 2015		
Mailing Address 83 CABOT ST		Amount 3.57		
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SE24.408	
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 02 / 26 / 2015	
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		336.98	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 26 / 2015		
Mailing Address 83 CABOT ST		Amount 3.57		
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SE24.409	
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 02 / 26 / 2015	
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MA	
Calendar Year-To-Date Per Election for Office Sought		336.98	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		7.14		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
CHRIS MARSTON		[Electronically Filed]		Date
Signature		MM / DD / YYYY 07 / 31 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 200 OF 362
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA		FEC IDENTIFICATION NUMBER ▼ C C00573154	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 26 / 2015	
Mailing Address 83 CABOT ST		Amount 3.57	
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SE24.410
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 02 / 26 / 2015
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MD
Calendar Year-To-Date Per Election for Office Sought		336.97	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 26 / 2015	
Mailing Address 83 CABOT ST		Amount 3.57	
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SE24.411
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 02 / 26 / 2015
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: ME
Calendar Year-To-Date Per Election for Office Sought		336.97	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.....		7.14	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures.....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
CHRIS MARSTON		[Electronically Filed]	
Signature		Date MM / DD / YYYY 07 / 31 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 201 OF 362
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00573154</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>				
Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">07 / 31 / 2015</div>	
Mailing Address 83 CABOT ST			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">3.57</div>	
City BEVERLY		State MA	Zip Code 01915	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Name of Federal Candidate CARLY FIORINA			Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ State: <u>MI</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">336.98</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">02 / 26 / 2015</div>	
Mailing Address 83 CABOT ST			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">3.57</div>	
City BEVERLY		State MA	Zip Code 01915	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Name of Federal Candidate CARLY FIORINA			Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ State: <u>MN</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">336.98</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶ <div style="border: 1px solid black; padding: 2px; display: inline-block;">7.14</div>				
(b) SUBTOTAL of Unitemized Independent Expenditures ▶ <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>				
(c) TOTAL Independent Expenditures..... ▶ <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>				
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CHRIS MARSTON _____ Signature				
[Electronically Filed] Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">07 / 31 / 2015</div>				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 202 OF 362
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00573154</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>				
Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">02</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">26</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;">2015</div>	
Mailing Address 83 CABOT ST			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 3.57	
City BEVERLY		State MA	Zip Code 01915	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type <div style="display: inline-block; border-bottom: 1px solid black; width: 60px;"></div>		
Name of Federal Candidate CARLY FIORINA			Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MO	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 336.98			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">02</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">26</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;">2015</div>	
Mailing Address 83 CABOT ST			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 3.57	
City BEVERLY		State MA	Zip Code 01915	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type <div style="display: inline-block; border-bottom: 1px solid black; width: 60px;"></div>		
Name of Federal Candidate CARLY FIORINA			Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MP	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 336.98			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶ <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 7.14				
(b) SUBTOTAL of Unitemized Independent Expenditures ▶ <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>				
(c) TOTAL Independent Expenditures..... ▶ <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>				
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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 203 OF 362
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00573154</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>				
Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">02</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">26</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;">2015</div>	
Mailing Address 83 CABOT ST			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 3.57	
City BEVERLY		State MA	Zip Code 01915	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type <div style="display: inline-block; border-bottom: 1px solid black; width: 60px;"></div>		
Name of Federal Candidate CARLY FIORINA			Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ State: MS	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 336.98			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">02</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">26</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;">2015</div>	
Mailing Address 83 CABOT ST			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 3.57	
City BEVERLY		State MA	Zip Code 01915	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type <div style="display: inline-block; border-bottom: 1px solid black; width: 60px;"></div>		
Name of Federal Candidate CARLY FIORINA			Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ State: MT	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 336.98			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶ <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 7.14				
(b) SUBTOTAL of Unitemized Independent Expenditures ▶ <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>				
(c) TOTAL Independent Expenditures..... ▶ <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>				
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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 204 OF 362
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA			FEC IDENTIFICATION NUMBER ▼ C C00573154	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY	
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 26 / 2015		
Mailing Address 83 CABOT ST		Amount 3.57		
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SE24.418	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 02 / 26 / 2015	
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		336.98	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 26 / 2015		
Mailing Address 83 CABOT ST		Amount 3.57		
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SE24.419	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 02 / 26 / 2015	
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: ND	
Calendar Year-To-Date Per Election for Office Sought		336.98	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		7.14		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
CHRIS MARSTON		[Electronically Filed]		Date
Signature				MM / DD / YYYY 07 / 31 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 205 OF 362
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA		FEC IDENTIFICATION NUMBER ▼ C C00573154
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 26 / 2015
Mailing Address 83 CABOT ST		Amount 3.57
City BEVERLY	State MA	Zip Code 01915
Purpose of Expenditure ADVERTISING - ONLINE	Category/Type	Transaction ID : SE24.420 Date of Disbursement or Obligation MM / DD / YYYY 02 / 26 / 2015
Name of Federal Candidate CARLY FIORINA		Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NE
Calendar Year-To-Date Per Election for Office Sought 336.98		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 26 / 2015
Mailing Address 83 CABOT ST		Amount 3.57
City BEVERLY	State MA	Zip Code 01915
Purpose of Expenditure ADVERTISING - ONLINE	Category/Type	Transaction ID : SE24.421 Date of Disbursement or Obligation MM / DD / YYYY 02 / 26 / 2015
Name of Federal Candidate CARLY FIORINA		Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought 2583.19		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	7.14
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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CHRIS MARSTON

[Electronically Filed]

Signature

Date

MM / DD / YYYY
07 / 31 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 206 OF 362
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00573154</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>				
Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">02</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">26</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;">2015</div>	
Mailing Address 83 CABOT ST			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 3.57	
City BEVERLY		State MA	Zip Code 01915	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type <div style="display: inline-block; border-bottom: 1px solid black; width: 60px;"></div>		
Name of Federal Candidate CARLY FIORINA			Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ State: NJ	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 336.98			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">02</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">26</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;">2015</div>	
Mailing Address 83 CABOT ST			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 3.57	
City BEVERLY		State MA	Zip Code 01915	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type <div style="display: inline-block; border-bottom: 1px solid black; width: 60px;"></div>		
Name of Federal Candidate CARLY FIORINA			Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ State: NM	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 336.98			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶ <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 7.14				
(b) SUBTOTAL of Unitemized Independent Expenditures ▶ <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>				
(c) TOTAL Independent Expenditures..... ▶ <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>				
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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 207 OF 362
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00573154</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>				
Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">02</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">26</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;">2015</div>	
Mailing Address 83 CABOT ST			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 3.57	
City BEVERLY		State MA	Zip Code 01915	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type <div style="display: inline-block; border-bottom: 1px solid black; width: 60px;"></div>		
Name of Federal Candidate CARLY FIORINA			Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NV	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 336.98			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">02</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">26</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;">2015</div>	
Mailing Address 83 CABOT ST			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 3.57	
City BEVERLY		State MA	Zip Code 01915	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type <div style="display: inline-block; border-bottom: 1px solid black; width: 60px;"></div>		
Name of Federal Candidate CARLY FIORINA			Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NY	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 336.98			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶ <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 7.14				
(b) SUBTOTAL of Unitemized Independent Expenditures ▶ <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>				
(c) TOTAL Independent Expenditures..... ▶ <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>				
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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 208 OF 362
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00573154</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>				
Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">02 / 26 / 2015</div>	
Mailing Address 83 CABOT ST			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">3.57</div>	
City BEVERLY		State MA	Zip Code 01915	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Name of Federal Candidate CARLY FIORINA			Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ State: OH	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">336.97</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">02 / 26 / 2015</div>	
Mailing Address 83 CABOT ST			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">3.57</div>	
City BEVERLY		State MA	Zip Code 01915	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Name of Federal Candidate CARLY FIORINA			Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ State: OK	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">336.97</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶ <div style="border: 1px solid black; padding: 2px; display: inline-block;">7.14</div>				
(b) SUBTOTAL of Unitemized Independent Expenditures ▶ <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>				
(c) TOTAL Independent Expenditures..... ▶ <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>				
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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 209 OF 362
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA			FEC IDENTIFICATION NUMBER ▼ C C00573154	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY	
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 26 / 2015		
Mailing Address 83 CABOT ST		Amount 3.57		
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SE24.428	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 02 / 26 / 2015	
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: OR	
Calendar Year-To-Date Per Election for Office Sought		336.97	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 26 / 2015		
Mailing Address 83 CABOT ST		Amount 3.57		
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SE24.429	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 02 / 26 / 2015	
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: PA	
Calendar Year-To-Date Per Election for Office Sought		336.97	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		7.14		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
CHRIS MARSTON		[Electronically Filed]		Date
Signature		MM / DD / YYYY 07 / 31 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 210 OF 362
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00573154</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>				
Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 02 / 26 / 2015	
Mailing Address 83 CABOT ST			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 3.57	
City BEVERLY		State MA	Zip Code 01915	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type <div style="display: inline-block; border-bottom: 1px solid black; width: 60px;"></div>		
Name of Federal Candidate CARLY FIORINA			Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ State: PR	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 336.96			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 02 / 26 / 2015	
Mailing Address 83 CABOT ST			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 3.57	
City BEVERLY		State MA	Zip Code 01915	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type <div style="display: inline-block; border-bottom: 1px solid black; width: 60px;"></div>		
Name of Federal Candidate CARLY FIORINA			Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ State: RI	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 336.96			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶ <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 7.14				
(b) SUBTOTAL of Unitemized Independent Expenditures ▶ <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>				
(c) TOTAL Independent Expenditures..... ▶ <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <u>CHRIS MARSTON</u> [Electronically Filed] Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 07 / 31 / 2015				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 211 OF 362
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00573154</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>				
Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">02</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">26</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;">2015</div>	
Mailing Address 83 CABOT ST			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 3.57	
City BEVERLY		State MA	Zip Code 01915	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type <div style="display: inline-block; border-bottom: 1px solid black; width: 60px;"></div>		
Name of Federal Candidate CARLY FIORINA			Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: SC	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 2683.13			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">02</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">26</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;">2015</div>	
Mailing Address 83 CABOT ST			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 3.57	
City BEVERLY		State MA	Zip Code 01915	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type <div style="display: inline-block; border-bottom: 1px solid black; width: 60px;"></div>		
Name of Federal Candidate CARLY FIORINA			Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: SD	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 336.96			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 7.14	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>	
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
CHRIS MARSTON			[Electronically Filed]	
Signature			Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">07</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">31</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;">2015</div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 212 OF 362
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00573154</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>				
Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">02</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">26</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;">2015</div>	
Mailing Address 83 CABOT ST			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 3.57	
City BEVERLY		State MA	Zip Code 01915	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type <div style="display: inline-block; border-bottom: 1px solid black; width: 60px;"></div>		
Name of Federal Candidate CARLY FIORINA			Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TN</u>	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">02</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">26</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;">2015</div>	
Mailing Address 83 CABOT ST			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 3.57	
City BEVERLY		State MA	Zip Code 01915	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type <div style="display: inline-block; border-bottom: 1px solid black; width: 60px;"></div>		
Name of Federal Candidate CARLY FIORINA			Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TX</u>	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 7.14	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>	
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
CHRIS MARSTON			[Electronically Filed]	
Signature			Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">07</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">31</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;">2015</div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 213 OF 362
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00573154</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y</div>				
Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y</div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">02</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">26</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">2015</div>	
Mailing Address 83 CABOT ST			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">3.57</div>	
City BEVERLY		State MA	Zip Code 01915	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type <div style="border: 1px solid black; width: 60px; height: 20px;"></div>		
Name of Federal Candidate CARLY FIORINA			Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: UT	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">336.96</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y</div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">02</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">26</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">2015</div>	
Mailing Address 83 CABOT ST			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">3.57</div>	
City BEVERLY		State MA	Zip Code 01915	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type <div style="border: 1px solid black; width: 60px; height: 20px;"></div>		
Name of Federal Candidate CARLY FIORINA			Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: VA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">336.96</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
<div style="display: flex; justify-content: space-between;"><div style="width: 60%;">(a) SUBTOTAL of Itemized Independent Expenditures..... ▶</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">7.14</div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(b) SUBTOTAL of Unitemized Independent Expenditures ▶</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"></div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(c) TOTAL Independent Expenditures..... ▶</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"></div></div></div>				
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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA		FEC IDENTIFICATION NUMBER ▼ C C00573154
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 26 / 2015
Mailing Address 83 CABOT ST		Amount 3.57
City BEVERLY	State MA	Zip Code 01915
Purpose of Expenditure ADVERTISING - ONLINE	Category/Type	Transaction ID : SE24.438 Date of Disbursement or Obligation MM / DD / YYYY 02 / 26 / 2015
Name of Federal Candidate CARLY FIORINA	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: VI
Calendar Year-To-Date Per Election for Office Sought 336.96		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 26 / 2015
Mailing Address 83 CABOT ST		Amount 3.57
City BEVERLY	State MA	Zip Code 01915
Purpose of Expenditure ADVERTISING - ONLINE	Category/Type	Transaction ID : SE24.439 Date of Disbursement or Obligation MM / DD / YYYY 02 / 26 / 2015
Name of Federal Candidate CARLY FIORINA	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: VT
Calendar Year-To-Date Per Election for Office Sought 336.96		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	7.14
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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CHRIS MARSTON
Signature

[Electronically Filed] Date **07 / 31 / 2015**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 215 OF 362
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00573154</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>				
Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 50px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 50px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 50px;">02</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 50px;">26</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;">2015</div>	
Mailing Address 83 CABOT ST			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 3.57	
City BEVERLY		State MA	Zip Code 01915	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>		
Name of Federal Candidate CARLY FIORINA			Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: WA	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 336.96			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 50px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 50px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 50px;">02</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 50px;">26</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;">2015</div>	
Mailing Address 83 CABOT ST			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 3.57	
City BEVERLY		State MA	Zip Code 01915	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>		
Name of Federal Candidate CARLY FIORINA			Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: WI	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 336.96			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶ <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 7.14				
(b) SUBTOTAL of Unitemized Independent Expenditures ▶ <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>				
(c) TOTAL Independent Expenditures..... ▶ <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. <div style="display: flex; justify-content: space-between;"><div>CHRIS MARSTON _____ Signature</div><div>[Electronically Filed]</div><div>Date <div style="display: inline-block; border-bottom: 1px solid black; width: 50px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 50px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 07 / 31 / 2015</div></div>				

Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 26 / 2015	
Mailing Address 83 CABOT ST		Amount 3.57	
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SE24.442
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 02 / 26 / 2015
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: <u>WV</u>
Calendar Year-To-Date Per Election for Office Sought		336.96	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____

Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 26 / 2015	
Mailing Address 83 CABOT ST		Amount 3.57	
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SE24.443
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 02 / 26 / 2015
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: WY
Calendar Year-To-Date Per Election for Office Sought		336.96	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div>7.14</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	<div></div>
(c) TOTAL Independent Expenditures.....	▶	<div></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 217 OF 362
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA		FEC IDENTIFICATION NUMBER ▼ C C00573154
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 13 / 2015
Mailing Address 83 CABOT ST		Amount 269.81
City BEVERLY	State MA	Zip Code 01915
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	Transaction ID : SE24.444 Date of Disbursement or Obligation MM / DD / YYYY 03 / 13 / 2015
Name of Federal Candidate CARLY FIORINA		Office Sought: <input checked="" type="checkbox"/> House District: _____ <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: AK
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 13 / 2015
Mailing Address 83 CABOT ST		Amount 269.81
City BEVERLY	State MA	Zip Code 01915
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	Transaction ID : SE24.445 Date of Disbursement or Obligation MM / DD / YYYY 03 / 13 / 2015
Name of Federal Candidate CARLY FIORINA		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: AL
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	539.62
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON

[Electronically Filed]

Date

MM / DD / YYYY
07 / 31 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 218 OF 362
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA			FEC IDENTIFICATION NUMBER ▼ C C00573154	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y				
Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination 03 / 13 / 2015	
Mailing Address 83 CABOT ST			Amount 269.81	
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SE24.446	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type 	Date of Disbursement or Obligation 03 / 13 / 2015	
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		336.98	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination 03 / 13 / 2015	
Mailing Address 83 CABOT ST			Amount 269.81	
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SE24.447	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type 	Date of Disbursement or Obligation 03 / 13 / 2015	
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: AS	
Calendar Year-To-Date Per Election for Office Sought		336.98	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			539.62	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
CHRIS MARSTON		[Electronically Filed]		Date 07 / 31 / 2015
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 219 OF 362
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA			FEC IDENTIFICATION NUMBER ▼ C C00573154	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYYYY				
Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination MM / DD / YYYYYY 03 / 13 / 2015	
Mailing Address 83 CABOT ST			Amount 269.81	
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SE24.448	
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type 	Date of Disbursement or Obligation MM / DD / YYYYYY 03 / 13 / 2015	
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>AZ</u>	
Calendar Year-To-Date Per Election for Office Sought		336.98	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination MM / DD / YYYYYY 03 / 13 / 2015	
Mailing Address 83 CABOT ST			Amount 269.81	
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SE24.449	
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type 	Date of Disbursement or Obligation MM / DD / YYYYYY 03 / 13 / 2015	
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CA</u>	
Calendar Year-To-Date Per Election for Office Sought		336.98	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			539.62	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
CHRIS MARSTON		[Electronically Filed]	Date MM / DD / YYYYYY 07 / 31 / 2015	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 220 OF 362
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00573154</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>				
Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> 03 / 13 / 2015	
Mailing Address 83 CABOT ST			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 269.81	
City BEVERLY		State MA	Zip Code 01915	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type <div style="display: inline-block; border-bottom: 1px solid black; width: 60px;"></div>		
Name of Federal Candidate CARLY FIORINA			Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: CO	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 336.98			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> 03 / 13 / 2015	
Mailing Address 83 CABOT ST			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 269.81	
City BEVERLY		State MA	Zip Code 01915	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type <div style="display: inline-block; border-bottom: 1px solid black; width: 60px;"></div>		
Name of Federal Candidate CARLY FIORINA			Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: CT	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 336.98			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶ <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 539.62				
(b) SUBTOTAL of Unitemized Independent Expenditures ▶ <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>				
(c) TOTAL Independent Expenditures..... ▶ <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <u>CHRIS MARSTON</u> [Electronically Filed] Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> 07 / 31 / 2015				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 221 OF 362
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00573154</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>				
Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 03 / 13 / 2015	
Mailing Address 83 CABOT ST			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 269.81	
City BEVERLY		State MA	Zip Code 01915	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type <div style="display: inline-block; border-bottom: 1px solid black; width: 60px;"></div>		
Name of Federal Candidate CARLY FIORINA			Office Sought: <input checked="" type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DC	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 336.98			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 03 / 13 / 2015	
Mailing Address 83 CABOT ST			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 269.81	
City BEVERLY		State MA	Zip Code 01915	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type <div style="display: inline-block; border-bottom: 1px solid black; width: 60px;"></div>		
Name of Federal Candidate CARLY FIORINA			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DE	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 336.98			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
<div style="display: flex; justify-content: space-between;"><div style="width: 60%;">(a) SUBTOTAL of Itemized Independent Expenditures..... ▶</div><div style="width: 35%; text-align: right;"><div style="border-bottom: 1px solid black; width: 100%;"></div>539.62</div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(b) SUBTOTAL of Unitemized Independent Expenditures ▶</div><div style="width: 35%; text-align: right;"><div style="border-bottom: 1px solid black; width: 100%;"></div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(c) TOTAL Independent Expenditures..... ▶</div><div style="width: 35%; text-align: right;"><div style="border-bottom: 1px solid black; width: 100%;"></div></div></div>				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. <div style="display: flex; justify-content: space-between; align-items: flex-end;"><div style="width: 40%;">Signature CHRIS MARSTON</div><div style="width: 20%; text-align: center;">[Electronically Filed]</div><div style="width: 20%; text-align: center;">Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 07 / 31 / 2015</div><div style="width: 20%;"></div></div>				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 222 OF 362
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA		FEC IDENTIFICATION NUMBER ▼ C C00573154
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 13 / 2015	
Mailing Address 83 CABOT ST		Amount 269.81	
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SE24.734
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 03 / 13 / 2015
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		336.98	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 13 / 2015	
Mailing Address 83 CABOT ST		Amount 269.81	
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SE24.735
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 03 / 13 / 2015
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: GA
Calendar Year-To-Date Per Election for Office Sought		336.98	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	539.62
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON

[Electronically Filed]

Signature

Date

MM / DD / YYYY
07 / 31 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 223 OF 362
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00573154</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>				
Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> 03 / 13 / 2015	
Mailing Address 83 CABOT ST			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 269.81	
City BEVERLY		State MA	Zip Code 01915	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type <div style="display: inline-block; border-bottom: 1px solid black; width: 60px;"></div>		
Name of Federal Candidate CARLY FIORINA			Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: GU	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 336.98			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> 03 / 13 / 2015	
Mailing Address 83 CABOT ST			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 269.81	
City BEVERLY		State MA	Zip Code 01915	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type <div style="display: inline-block; border-bottom: 1px solid black; width: 60px;"></div>		
Name of Federal Candidate CARLY FIORINA			Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: HI	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 336.98			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶ <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 539.62				
(b) SUBTOTAL of Unitemized Independent Expenditures ▶ <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>				
(c) TOTAL Independent Expenditures..... ▶ <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <u>CHRIS MARSTON</u> [Electronically Filed] Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> 07 / 31 / 2015				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA		FEC IDENTIFICATION NUMBER ▼ C C00573154
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 13 / 2015
Mailing Address 83 CABOT ST		Amount 269.81
City BEVERLY	State MA	Zip Code 01915
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	Transaction ID : SE24.738 Date of Disbursement or Obligation MM / DD / YYYY 03 / 13 / 2015
Name of Federal Candidate CARLY FIORINA		Office Sought: <input checked="" type="checkbox"/> House District: <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought 2583.19		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 13 / 2015
Mailing Address 83 CABOT ST		Amount 269.81
City BEVERLY	State MA	Zip Code 01915
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	Transaction ID : SE24.739 Date of Disbursement or Obligation MM / DD / YYYY 03 / 13 / 2015
Name of Federal Candidate CARLY FIORINA		Office Sought: <input type="checkbox"/> House District: <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: ID
Calendar Year-To-Date Per Election for Office Sought 336.98		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	539.62
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON
Signature

[Electronically Filed] Date **07 / 31 / 2015**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 225 OF 362
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00573154</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>				
Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>	
Mailing Address 83 CABOT ST			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 269.81	
City BEVERLY		State MA	Zip Code 01915	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type <div style="display: inline-block; border-bottom: 1px solid black; width: 60px;"></div>		
Name of Federal Candidate CARLY FIORINA			Office Sought: <input checked="" type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IL</u>	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>	
Mailing Address 83 CABOT ST			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 269.81	
City BEVERLY		State MA	Zip Code 01915	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type <div style="display: inline-block; border-bottom: 1px solid black; width: 60px;"></div>		
Name of Federal Candidate CARLY FIORINA			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IN</u>	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶ <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 539.62				
(b) SUBTOTAL of Unitemized Independent Expenditures ▶ <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>				
(c) TOTAL Independent Expenditures..... ▶ <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
CHRIS MARSTON			Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>	
Signature _____ [Electronically Filed]				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 226 OF 362
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA		FEC IDENTIFICATION NUMBER ▼ C C00573154	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 13 / 2015	
Mailing Address 83 CABOT ST		Amount 269.81	
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SE24.742
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 03 / 13 / 2015
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		336.98	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 13 / 2015	
Mailing Address 83 CABOT ST		Amount 269.81	
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SE24.743
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 03 / 13 / 2015
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: KY
Calendar Year-To-Date Per Election for Office Sought		336.98	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.....		539.62	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures.....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
CHRIS MARSTON		[Electronically Filed]	
Signature		Date MM / DD / YYYY 07 / 31 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA		FEC IDENTIFICATION NUMBER ▼ C C00573154
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 13 / 2015
Mailing Address 83 CABOT ST		Amount 269.81
City BEVERLY	State MA	Zip Code 01915
Purpose of Expenditure ADVERTISING - ONLINE	Category/Type	Transaction ID : SE24.744 Date of Disbursement or Obligation MM / DD / YYYY 03 / 13 / 2015
Name of Federal Candidate CARLY FIORINA		Office Sought: <input checked="" type="checkbox"/> House District: <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 336.98		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 13 / 2015
Mailing Address 83 CABOT ST		Amount 269.81
City BEVERLY	State MA	Zip Code 01915
Purpose of Expenditure ADVERTISING - ONLINE	Category/Type	Transaction ID : SE24.745 Date of Disbursement or Obligation MM / DD / YYYY 03 / 13 / 2015
Name of Federal Candidate CARLY FIORINA		Office Sought: <input type="checkbox"/> House District: <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MA
Calendar Year-To-Date Per Election for Office Sought 336.98		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	539.62
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON
Signature

[Electronically Filed] Date MM / DD / YYYY
07 / 31 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 228 OF 362
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA			FEC IDENTIFICATION NUMBER ▼ C C00573154	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY	
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 13 / 2015		
Mailing Address 83 CABOT ST		Amount 269.81		
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SE24.746	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 03 / 13 / 2015	
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MD	
Calendar Year-To-Date Per Election for Office Sought		336.97	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 13 / 2015		
Mailing Address 83 CABOT ST		Amount 269.81		
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SE24.747	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 03 / 13 / 2015	
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: ME	
Calendar Year-To-Date Per Election for Office Sought		336.97	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		539.62		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
CHRIS MARSTON		[Electronically Filed]		Date
Signature				MM / DD / YYYY 07 / 31 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA		FEC IDENTIFICATION NUMBER ▼ C C00573154
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 13 / 2015
Mailing Address 83 CABOT ST		Amount 269.81
City BEVERLY	State MA	Zip Code 01915
Purpose of Expenditure ADVERTISING - ONLINE	Category/Type	Transaction ID : SE24.748 Date of Disbursement or Obligation MM / DD / YYYY 03 / 13 / 2015
Name of Federal Candidate CARLY FIORINA		Office Sought: <input checked="" type="checkbox"/> House District: <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MI
Calendar Year-To-Date Per Election for Office Sought 336.98		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 13 / 2015
Mailing Address 83 CABOT ST		Amount 269.81
City BEVERLY	State MA	Zip Code 01915
Purpose of Expenditure ADVERTISING - ONLINE	Category/Type	Transaction ID : SE24.749 Date of Disbursement or Obligation MM / DD / YYYY 03 / 13 / 2015
Name of Federal Candidate CARLY FIORINA		Office Sought: <input type="checkbox"/> House District: <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MN
Calendar Year-To-Date Per Election for Office Sought 336.98		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	539.62
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON
Signature

[Electronically Filed] Date MM / DD / YYYY
07 / 31 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 230 OF 362
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA		FEC IDENTIFICATION NUMBER ▼ C C00573154	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 13 / 2015	
Mailing Address 83 CABOT ST		Amount 269.81	
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SE24.750
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 03 / 13 / 2015
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MO
Calendar Year-To-Date Per Election for Office Sought		336.98	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 13 / 2015	
Mailing Address 83 CABOT ST		Amount 269.81	
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SE24.751
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 03 / 13 / 2015
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MP
Calendar Year-To-Date Per Election for Office Sought		336.98	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.....		539.62	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures.....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
CHRIS MARSTON		[Electronically Filed]	
Signature		Date MM / DD / YYYY 07 / 31 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 231 OF 362
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00573154</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>				
Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">03 / 13 / 2015</div>	
Mailing Address 83 CABOT ST			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">269.81</div>	
City BEVERLY		State MA	Zip Code 01915	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Name of Federal Candidate CARLY FIORINA			Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MS</u>	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">03 / 13 / 2015</div>	
Mailing Address 83 CABOT ST			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">269.81</div>	
City BEVERLY		State MA	Zip Code 01915	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Name of Federal Candidate CARLY FIORINA			Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MT</u>	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶ <div style="border: 1px solid black; padding: 2px; display: inline-block; float: right;">539.62</div>				
(b) SUBTOTAL of Unitemized Independent Expenditures ▶ <div style="border: 1px solid black; padding: 2px; display: inline-block; float: right;"></div>				
(c) TOTAL Independent Expenditures..... ▶ <div style="border: 1px solid black; padding: 2px; display: inline-block; float: right;"></div>				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. <div style="display: flex; justify-content: space-between;"><div>CHRIS MARSTON _____ Signature</div><div>[Electronically Filed]</div><div>Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">07 / 31 / 2015</div></div></div>				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 232 OF 362
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA		FEC IDENTIFICATION NUMBER ▼ C C00573154	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 03 / 13 / 2015	
Mailing Address 83 CABOT ST		Amount 269.81	
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SE24.754
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 03 / 13 / 2015
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		336.98	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 03 / 13 / 2015	
Mailing Address 83 CABOT ST		Amount 269.81	
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SE24.755
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 03 / 13 / 2015
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: ND
Calendar Year-To-Date Per Election for Office Sought		336.98	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		539.62	
(b) SUBTOTAL of Unitemized Independent Expenditures▶			
(c) TOTAL Independent Expenditures.....▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
CHRIS MARSTON		[Electronically Filed]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2015	

Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>03 / 13 / 2015</div> </div>	
Mailing Address 83 CABOT ST		Amount <div> <div></div> <div>269.81</div> </div>	
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SE24.756
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type	Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>03 / 13 / 2015</div> </div>
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: <u>NE</u>
Calendar Year-To-Date Per Election for Office Sought		<div> <div></div> <div>336.98</div> </div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination <div> <div>M M / D D / Y Y Y Y</div> <div>03 / 13 / 2015</div> </div>	
Mailing Address 83 CABOT ST		Amount <div> <div></div> <div>269.81</div> </div>	
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SE24.757 Date of Disbursement or Obligation <div> <div>M M / D D / Y Y Y Y Y Y</div> <div>03 / 13 / 2015</div> </div>
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type	
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: <u>NH</u>
Calendar Year-To-Date Per Election for Office Sought		<div> <div></div> <div>2583.19</div> </div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶ <table border="1" data-bbox="1102 1654 1364 1661"> <tr><td data-bbox="1102 1654 1364 1661">539.62</td></tr> </table>	539.62
539.62		
(b) SUBTOTAL of Unitemized Independent Expenditures	▶ <table border="1" data-bbox="1102 1661 1364 1665"> <tr><td data-bbox="1102 1661 1364 1665"></td></tr> </table>	
(c) TOTAL Independent Expenditures.....	▶ <table border="1" data-bbox="1102 1665 1364 1671"> <tr><td data-bbox="1102 1665 1364 1671"></td></tr> </table>	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

Three digital displays are shown side-by-side, separated by slashes. The first display shows '07' with 'M' and 'M' above it. The second display shows '31' with 'D' and 'D' above it. The third display shows '2015' with 'Y', 'Y', 'Y', and 'Y' above it.

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 234 OF 362
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA			FEC IDENTIFICATION NUMBER ▼ C C00573154	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 03 / 13 / 2015		
Mailing Address 83 CABOT ST		Amount 269.81		
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SE24.758	
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 03 / 13 / 2015	
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NJ	
Calendar Year-To-Date Per Election for Office Sought		336.98	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 03 / 13 / 2015		
Mailing Address 83 CABOT ST		Amount 269.81		
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SE24.759	
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 03 / 13 / 2015	
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NM	
Calendar Year-To-Date Per Election for Office Sought		336.98	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		539.62		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
CHRIS MARSTON		[Electronically Filed]		Date
Signature		M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA		FEC IDENTIFICATION NUMBER ▼ C C00573154
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 13 / 2015
Mailing Address 83 CABOT ST		Amount 269.81
City BEVERLY	State MA	Zip Code 01915
Purpose of Expenditure ADVERTISING - ONLINE	Category/Type	Transaction ID : SE24.760 Date of Disbursement or Obligation MM / DD / YYYY 03 / 13 / 2015
Name of Federal Candidate CARLY FIORINA		Office Sought: <input checked="" type="checkbox"/> House District: <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought 336.98		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 13 / 2015
Mailing Address 83 CABOT ST		Amount 269.81
City BEVERLY	State MA	Zip Code 01915
Purpose of Expenditure ADVERTISING - ONLINE	Category/Type	Transaction ID : SE24.761 Date of Disbursement or Obligation MM / DD / YYYY 03 / 13 / 2015
Name of Federal Candidate CARLY FIORINA		Office Sought: <input type="checkbox"/> House District: <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NY
Calendar Year-To-Date Per Election for Office Sought 336.98		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	539.62
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON
Signature

[Electronically Filed] Date MM / DD / YYYY
07 / 31 / 2015

Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>03 / 13 / 2015</div> </div>	
Mailing Address 83 CABOT ST		Amount <div> <div></div> <div>269.81</div> </div>	
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SE24.762
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type	Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>03 / 13 / 2015</div> </div>
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: <u>OH</u>
Calendar Year-To-Date Per Election for Office Sought		<div> <div></div> <div>336.97</div> </div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination <div> <div>M M / D D / Y Y Y Y</div> <div>03 / 13 / 2015</div> </div>	
Mailing Address 83 CABOT ST		Amount <div> <div></div> <div>269.81</div> </div>	
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SE24.763 Date of Disbursement or Obligation <div> <div>M M / D D / Y Y Y Y Y Y</div> <div>03 / 13 / 2015</div> </div>
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type	
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: <u>OK</u>
Calendar Year-To-Date Per Election for Office Sought		<div> <div></div> <div>336.97</div> </div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶ <table border="1" data-bbox="1102 1654 1364 1661"> <tr><td data-bbox="1102 1654 1364 1661">539.62</td></tr> </table>	539.62
539.62		
(b) SUBTOTAL of Unitemized Independent Expenditures	▶ <table border="1" data-bbox="1102 1661 1364 1665"> <tr><td data-bbox="1102 1661 1364 1665"></td></tr> </table>	
(c) TOTAL Independent Expenditures.....	▶ <table border="1" data-bbox="1102 1665 1364 1671"> <tr><td data-bbox="1102 1665 1364 1671"></td></tr> </table>	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

Three digital displays are shown side-by-side, separated by slashes. The first display shows '07' with 'M' and 'M' above it. The second display shows '31' with 'D' and 'D' above it. The third display shows '2015' with 'Y', 'Y', 'Y', and 'Y' above it.

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 237 OF 362
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA			FEC IDENTIFICATION NUMBER ▼ C C00573154	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY	
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 13 / 2015		
Mailing Address 83 CABOT ST		Amount 269.81		
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SE24.764	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 03 / 13 / 2015	
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: OR	
Calendar Year-To-Date Per Election for Office Sought		336.97	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 13 / 2015		
Mailing Address 83 CABOT ST		Amount 269.81		
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SE24.765	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 03 / 13 / 2015	
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: PA	
Calendar Year-To-Date Per Election for Office Sought		336.97	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		539.62		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
CHRIS MARSTON		[Electronically Filed]		Date
Signature				MM / DD / YYYY 07 / 31 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA		FEC IDENTIFICATION NUMBER ▼ C C00573154
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 13 / 2015
Mailing Address 83 CABOT ST		Amount 269.80
City BEVERLY	State MA	Zip Code 01915
Purpose of Expenditure ADVERTISING - ONLINE	Category/Type	Transaction ID : SE24.766 Date of Disbursement or Obligation MM / DD / YYYY 03 / 13 / 2015
Name of Federal Candidate CARLY FIORINA		Office Sought: <input checked="" type="checkbox"/> House District: <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: PR
Calendar Year-To-Date Per Election for Office Sought 336.96		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 13 / 2015
Mailing Address 83 CABOT ST		Amount 269.80
City BEVERLY	State MA	Zip Code 01915
Purpose of Expenditure ADVERTISING - ONLINE	Category/Type	Transaction ID : SE24.767 Date of Disbursement or Obligation MM / DD / YYYY 03 / 13 / 2015
Name of Federal Candidate CARLY FIORINA		Office Sought: <input type="checkbox"/> House District: <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: RI
Calendar Year-To-Date Per Election for Office Sought 336.96		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	539.60
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON
Signature

[Electronically Filed] Date MM / DD / YYYY
07 / 31 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 239 OF 362
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA			FEC IDENTIFICATION NUMBER ▼ C C00573154	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 03 / 13 / 2015		
Mailing Address 83 CABOT ST		Amount 269.80		
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SE24.768	
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 03 / 13 / 2015	
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: SC	
Calendar Year-To-Date Per Election for Office Sought		2683.13	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 03 / 13 / 2015		
Mailing Address 83 CABOT ST		Amount 269.80		
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SE24.769	
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 03 / 13 / 2015	
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: SD	
Calendar Year-To-Date Per Election for Office Sought		336.96	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures.....		539.60		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
CHRIS MARSTON		[Electronically Filed]		Date
Signature		M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 240 OF 362
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00573154</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>				
Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>	
Mailing Address 83 CABOT ST			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 269.80	
City BEVERLY		State MA	Zip Code 01915	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type <div style="display: inline-block; border-bottom: 1px solid black; width: 60px;"></div>		
Name of Federal Candidate CARLY FIORINA			Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: TN	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 336.96			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>	
Mailing Address 83 CABOT ST			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 269.80	
City BEVERLY		State MA	Zip Code 01915	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type <div style="display: inline-block; border-bottom: 1px solid black; width: 60px;"></div>		
Name of Federal Candidate CARLY FIORINA			Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: TX	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 336.96			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶ <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 539.60				
(b) SUBTOTAL of Unitemized Independent Expenditures ▶ <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>				
(c) TOTAL Independent Expenditures..... ▶ <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <u>CHRIS MARSTON</u> [Electronically Filed] Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 241 OF 362
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA			FEC IDENTIFICATION NUMBER ▼ C C00573154	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY	
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 13 / 2015		
Mailing Address 83 CABOT ST		Amount 269.80		
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SE24.772	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 03 / 13 / 2015	
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: UT	
Calendar Year-To-Date Per Election for Office Sought		336.96	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 13 / 2015		
Mailing Address 83 CABOT ST		Amount 269.80		
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SE24.773	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 03 / 13 / 2015	
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: VA	
Calendar Year-To-Date Per Election for Office Sought		336.96	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		539.60		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
CHRIS MARSTON		[Electronically Filed]		Date
Signature				MM / DD / YYYY 07 / 31 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 242 OF 362
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA		FEC IDENTIFICATION NUMBER ▼ C C00573154
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 13 / 2015
Mailing Address 83 CABOT ST		Amount 269.80
City BEVERLY	State MA	Zip Code 01915
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	Transaction ID : SE24.774 Date of Disbursement or Obligation MM / DD / YYYY 03 / 13 / 2015
Name of Federal Candidate CARLY FIORINA		Office Sought: <input checked="" type="checkbox"/> House District: _____ <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: VI
Calendar Year-To-Date Per Election for Office Sought 336.96		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 13 / 2015
Mailing Address 83 CABOT ST		Amount 269.80
City BEVERLY	State MA	Zip Code 01915
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	Transaction ID : SE24.775 Date of Disbursement or Obligation MM / DD / YYYY 03 / 13 / 2015
Name of Federal Candidate CARLY FIORINA		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: VT
Calendar Year-To-Date Per Election for Office Sought 336.96		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	539.60
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON

[Electronically Filed]

Signature

Date

MM / DD / YYYY
07 / 31 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 243 OF 362
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA		FEC IDENTIFICATION NUMBER ▼ C C00573154
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 13 / 2015
Mailing Address 83 CABOT ST		Amount 269.80
City BEVERLY	State MA	Zip Code 01915
Purpose of Expenditure ADVERTISING - ONLINE	Category/Type	Transaction ID : SE24.776 Date of Disbursement or Obligation MM / DD / YYYY 03 / 13 / 2015
Name of Federal Candidate CARLY FIORINA		Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: WA
Calendar Year-To-Date Per Election for Office Sought 336.96		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 13 / 2015
Mailing Address 83 CABOT ST		Amount 269.80
City BEVERLY	State MA	Zip Code 01915
Purpose of Expenditure ADVERTISING - ONLINE	Category/Type	Transaction ID : SE24.777 Date of Disbursement or Obligation MM / DD / YYYY 03 / 13 / 2015
Name of Federal Candidate CARLY FIORINA		Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: WI
Calendar Year-To-Date Per Election for Office Sought 336.96		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	539.60
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON

[Electronically Filed]

Signature

Date

MM / DD / YYYY
07 / 31 / 2015

Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>03 / 13 / 2015</div> </div>	
Mailing Address 83 CABOT ST		Amount <div> <div></div> <div>269.80</div> </div>	
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SE24.778
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type <div> <div></div> </div>	Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>03 / 13 / 2015</div> </div>
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: <u>WV</u>
Calendar Year-To-Date Per Election for Office Sought <div> <div></div> <div>336.96</div> </div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____	

Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>03 / 13 / 2015</div> </div>	
Mailing Address 83 CABOT ST		Amount <div> <div></div> <div>269.80</div> </div>	
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SE24.779 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>03 / 13 / 2015</div> </div>
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type	
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: <u>WY</u>
Calendar Year-To-Date Per Election for Office Sought		<div> <div></div> <div>336.96</div> </div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	539.60
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA		FEC IDENTIFICATION NUMBER ▼ C C00573154
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 23 / 2015
Mailing Address 83 CABOT ST		Amount 8.92
City BEVERLY	State MA	Zip Code 01915
Purpose of Expenditure ADVERTISING - ONLINE	Category/Type	Transaction ID : SE24.510 Date of Disbursement or Obligation MM / DD / YYYY 05 / 23 / 2015
Name of Federal Candidate CARLY FIORINA	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: AK
Calendar Year-To-Date Per Election for Office Sought 336.98		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 23 / 2015
Mailing Address 83 CABOT ST		Amount 8.92
City BEVERLY	State MA	Zip Code 01915
Purpose of Expenditure ADVERTISING - ONLINE	Category/Type	Transaction ID : SE24.511 Date of Disbursement or Obligation MM / DD / YYYY 05 / 23 / 2015
Name of Federal Candidate CARLY FIORINA	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: AL
Calendar Year-To-Date Per Election for Office Sought 336.98		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	17.84
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON
Signature

[Electronically Filed] Date **07 / 31 / 2015**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 246 OF 362
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA		FEC IDENTIFICATION NUMBER ▼ C C00573154
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 23 / 2015
Mailing Address 83 CABOT ST		Amount 8.92
City BEVERLY	State MA	Zip Code 01915
Purpose of Expenditure ADVERTISING - ONLINE	Category/Type	Transaction ID : SE24.512 Date of Disbursement or Obligation MM / DD / YYYY 05 / 23 / 2015
Name of Federal Candidate CARLY FIORINA		Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 336.98		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 23 / 2015
Mailing Address 83 CABOT ST		Amount 8.92
City BEVERLY	State MA	Zip Code 01915
Purpose of Expenditure ADVERTISING - ONLINE	Category/Type	Transaction ID : SE24.513 Date of Disbursement or Obligation MM / DD / YYYY 05 / 23 / 2015
Name of Federal Candidate CARLY FIORINA		Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: AS
Calendar Year-To-Date Per Election for Office Sought 336.98		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	17.84
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON

[Electronically Filed]

Signature

Date

MM / DD / YYYY
07 / 31 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA		FEC IDENTIFICATION NUMBER ▼ C C00573154
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 23 / 2015
Mailing Address 83 CABOT ST		Amount 8.92
City BEVERLY	State MA	Zip Code 01915
Purpose of Expenditure ADVERTISING - ONLINE	Category/Type	Transaction ID : SE24.514 Date of Disbursement or Obligation MM / DD / YYYY 05 / 23 / 2015
Name of Federal Candidate CARLY FIORINA		Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought 336.98		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 23 / 2015
Mailing Address 83 CABOT ST		Amount 8.92
City BEVERLY	State MA	Zip Code 01915
Purpose of Expenditure ADVERTISING - ONLINE	Category/Type	Transaction ID : SE24.515 Date of Disbursement or Obligation MM / DD / YYYY 05 / 23 / 2015
Name of Federal Candidate CARLY FIORINA		Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought 336.98		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	17.84
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON
Signature

[Electronically Filed] Date **07 / 31 / 2015**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 248 OF 362
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA		FEC IDENTIFICATION NUMBER ▼ C C00573154	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 05 / 23 / 2015	
Mailing Address 83 CABOT ST		Amount 8.92	
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SE24.516
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 05 / 23 / 2015
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: CO
Calendar Year-To-Date Per Election for Office Sought		336.98	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 05 / 23 / 2015	
Mailing Address 83 CABOT ST		Amount 8.92	
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SE24.517
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 05 / 23 / 2015
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: CT
Calendar Year-To-Date Per Election for Office Sought		336.98	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		17.84	
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶			
(c) TOTAL Independent Expenditures.....▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
CHRIS MARSTON		[Electronically Filed]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2015	

Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>05 / 23 / 2015</div> </div>		
Mailing Address 83 CABOT ST			Amount <div> <div>_____</div> <div>8.93</div> </div>		
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SE24.518 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>05 / 23 / 2015</div> </div>		
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type			
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President District: _____ State: <u>DC</u>		
Calendar Year-To-Date Per Election for Office Sought		<div> <div>_____</div> <div>336.98</div> </div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____		

Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination <div> <div>M M / D D / Y Y Y Y</div> <div>05 / 23 / 2015</div> </div>	
Mailing Address 83 CABOT ST		Amount <div> <div></div> <div>8.93</div> </div>	
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SE24.519 Date of Disbursement or Obligation <div> <div>M M / D D / Y Y Y Y</div> <div>05 / 23 / 2015</div> </div>
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type	
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: <u>DE</u>
Calendar Year-To-Date Per Election for Office Sought		<div> <div></div> <div>336.98</div> </div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	17.86
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 250 OF 362
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA			FEC IDENTIFICATION NUMBER ▼ C C00573154	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY				
Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 23 / 2015	
Mailing Address 83 CABOT ST			Amount 8.93	
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SE24.520	
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type 	Date of Disbursement or Obligation MM / DD / YYYY 05 / 23 / 2015	
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: FL	
Calendar Year-To-Date Per Election for Office Sought 336.98		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 23 / 2015	
Mailing Address 83 CABOT ST			Amount 8.93	
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SE24.521	
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type 	Date of Disbursement or Obligation MM / DD / YYYY 05 / 23 / 2015	
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: GA	
Calendar Year-To-Date Per Election for Office Sought 336.98		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			17.86	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
CHRIS MARSTON		[Electronically Filed]		Date MM / DD / YYYY 07 / 31 / 2015
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 251 OF 362
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00573154 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY				
Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 05 / 23 / 2015 </div>	
Mailing Address 83 CABOT ST			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 8.93 </div>	
City BEVERLY		State MA	Zip Code 01915	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type 		
Name of Federal Candidate CARLY FIORINA			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 			Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: State: GU	
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 			Transaction ID : SE24.522 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 05 / 23 / 2015 </div>	
Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 05 / 23 / 2015 </div>	
Mailing Address 83 CABOT ST			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 8.93 </div>	
City BEVERLY		State MA	Zip Code 01915	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type 		
Name of Federal Candidate CARLY FIORINA			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 			Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: State: HI	
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 			Transaction ID : SE24.523 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 05 / 23 / 2015 </div>	
(a) SUBTOTAL of Itemized Independent Expenditures..... 17.86				
(b) SUBTOTAL of Unitemized Independent Expenditures 				
(c) TOTAL Independent Expenditures..... 				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <u>CHRIS MARSTON</u>			Date MM / DD / YYYY 07 / 31 / 2015	

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA		FEC IDENTIFICATION NUMBER ▼ C C00573154
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 23 / 2015
Mailing Address 83 CABOT ST		Amount 8.93
City BEVERLY	State MA	Zip Code 01915
Purpose of Expenditure ADVERTISING - ONLINE	Category/Type	Transaction ID : SE24.524 Date of Disbursement or Obligation MM / DD / YYYY 05 / 23 / 2015
Name of Federal Candidate CARLY FIORINA	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought 2583.19		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 23 / 2015
Mailing Address 83 CABOT ST		Amount 8.93
City BEVERLY	State MA	Zip Code 01915
Purpose of Expenditure ADVERTISING - ONLINE	Category/Type	Transaction ID : SE24.525 Date of Disbursement or Obligation MM / DD / YYYY 05 / 23 / 2015
Name of Federal Candidate CARLY FIORINA	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: ID
Calendar Year-To-Date Per Election for Office Sought 336.98		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	17.86
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON
Signature

[Electronically Filed] Date **07 / 31 / 2015**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 253 OF 362
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA		FEC IDENTIFICATION NUMBER ▼ C C00573154	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 05 / 23 / 2015	
Mailing Address 83 CABOT ST		Amount 8.93	
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SE24.526
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 05 / 23 / 2015
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IL
Calendar Year-To-Date Per Election for Office Sought		336.98	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 05 / 23 / 2015	
Mailing Address 83 CABOT ST		Amount 8.93	
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SE24.527
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 05 / 23 / 2015
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IN
Calendar Year-To-Date Per Election for Office Sought		336.98	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.....		17.86	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures.....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
CHRIS MARSTON		[Electronically Filed]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 254 OF 362
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA		FEC IDENTIFICATION NUMBER ▼ C C00573154
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 23 / 2015
Mailing Address 83 CABOT ST		Amount 8.93
City BEVERLY	State MA	Zip Code 01915
Purpose of Expenditure ADVERTISING - ONLINE	Category/Type	Transaction ID : SE24.528 Date of Disbursement or Obligation MM / DD / YYYY 05 / 23 / 2015
Name of Federal Candidate CARLY FIORINA	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 336.98		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 23 / 2015
Mailing Address 83 CABOT ST		Amount 8.93
City BEVERLY	State MA	Zip Code 01915
Purpose of Expenditure ADVERTISING - ONLINE	Category/Type	Transaction ID : SE24.529 Date of Disbursement or Obligation MM / DD / YYYY 05 / 23 / 2015
Name of Federal Candidate CARLY FIORINA	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: KY
Calendar Year-To-Date Per Election for Office Sought 336.98		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	17.86
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON

[Electronically Filed]

Date

MM / DD / YYYY
07 / 31 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 255 OF 362
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00573154 </div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 05 / 23 / 2015 </div>		
Mailing Address 83 CABOT ST			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 8.93 </div>		
City BEVERLY		State MA	Zip Code 01915		Transaction ID : SE24.530
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type 		Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 05 / 23 / 2015 </div>	
Name of Federal Candidate CARLY FIORINA			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 336.98			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____		
Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 05 / 23 / 2015 </div>		
Mailing Address 83 CABOT ST			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 8.93 </div>		
City BEVERLY		State MA	Zip Code 01915		Transaction ID : SE24.531
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type 		Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 05 / 23 / 2015 </div>	
Name of Federal Candidate CARLY FIORINA			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MA
Calendar Year-To-Date Per Election for Office Sought 336.98			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ►			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 17.86 </div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ►			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		
(c) TOTAL Independent Expenditures..... ►			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>CHRIS MARSTON</u>			[Electronically Filed]		Date MM / DD / YYYY 07 / 31 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA		FEC IDENTIFICATION NUMBER ▼ C C00573154
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 23 / 2015
Mailing Address 83 CABOT ST		Amount 8.93
City BEVERLY	State MA	Zip Code 01915
Purpose of Expenditure ADVERTISING - ONLINE	Category/Type	Transaction ID : SE24.532 Date of Disbursement or Obligation MM / DD / YYYY 05 / 23 / 2015
Name of Federal Candidate CARLY FIORINA		Office Sought: <input checked="" type="checkbox"/> House District: <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MD
Calendar Year-To-Date Per Election for Office Sought 336.97		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 23 / 2015
Mailing Address 83 CABOT ST		Amount 8.93
City BEVERLY	State MA	Zip Code 01915
Purpose of Expenditure ADVERTISING - ONLINE	Category/Type	Transaction ID : SE24.533 Date of Disbursement or Obligation MM / DD / YYYY 05 / 23 / 2015
Name of Federal Candidate CARLY FIORINA		Office Sought: <input type="checkbox"/> House District: <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: ME
Calendar Year-To-Date Per Election for Office Sought 336.97		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	17.86
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON
Signature

[Electronically Filed] Date **07 / 31 / 2015**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 257 OF 362
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA			FEC IDENTIFICATION NUMBER ▼ C C00573154	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY	
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 23 / 2015		
Mailing Address 83 CABOT ST		Amount 8.93		
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SE24.534	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 05 / 23 / 2015	
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MI	
Calendar Year-To-Date Per Election for Office Sought		336.98	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 23 / 2015		
Mailing Address 83 CABOT ST		Amount 8.93		
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SE24.535	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 05 / 23 / 2015	
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MN	
Calendar Year-To-Date Per Election for Office Sought		336.98	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		17.86		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
CHRIS MARSTON		[Electronically Filed]		Date
Signature				MM / DD / YYYY 07 / 31 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 258 OF 362
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA			FEC IDENTIFICATION NUMBER ▼ C C00573154	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYYYY				
Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination MM / DD / YYYYYY 05 / 23 / 2015	
Mailing Address 83 CABOT ST			Amount 8.93	
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SE24.536	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type 	Date of Disbursement or Obligation MM / DD / YYYYYY 05 / 23 / 2015	
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MO	
Calendar Year-To-Date Per Election for Office Sought 336.98		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination MM / DD / YYYYYY 05 / 23 / 2015	
Mailing Address 83 CABOT ST			Amount 8.93	
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SE24.537	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type 	Date of Disbursement or Obligation MM / DD / YYYYYY 05 / 23 / 2015	
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MP	
Calendar Year-To-Date Per Election for Office Sought 336.98		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			17.86	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
CHRIS MARSTON		[Electronically Filed]		Date MM / DD / YYYYYY 07 / 31 / 2015
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 259 OF 362
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA			FEC IDENTIFICATION NUMBER ▼ C C00573154	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y				
Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination 05 / 23 / 2015	
Mailing Address 83 CABOT ST			Amount 8.93	
City BEVERLY		State MA	Zip Code 01915	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type 	Transaction ID : SE24.538 Date of Disbursement or Obligation 05 / 23 / 2015	
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MS	
Calendar Year-To-Date Per Election for Office Sought		336.98	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination 05 / 23 / 2015	
Mailing Address 83 CABOT ST			Amount 8.93	
City BEVERLY		State MA	Zip Code 01915	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type 	Transaction ID : SE24.539 Date of Disbursement or Obligation 05 / 23 / 2015	
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MT	
Calendar Year-To-Date Per Election for Office Sought		336.98	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			17.86	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
CHRIS MARSTON		[Electronically Filed]		Date 07 / 31 / 2015
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 260 OF 362
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA		FEC IDENTIFICATION NUMBER ▼ C C00573154
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 23 / 2015
Mailing Address 83 CABOT ST		Amount 8.93
City BEVERLY	State MA	Zip Code 01915
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	Transaction ID : SE24.540 Date of Disbursement or Obligation MM / DD / YYYY 05 / 23 / 2015
Name of Federal Candidate CARLY FIORINA		Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 336.98		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 23 / 2015
Mailing Address 83 CABOT ST		Amount 8.93
City BEVERLY	State MA	Zip Code 01915
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	Transaction ID : SE24.541 Date of Disbursement or Obligation MM / DD / YYYY 05 / 23 / 2015
Name of Federal Candidate CARLY FIORINA		Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: ND
Calendar Year-To-Date Per Election for Office Sought 336.98		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	17.86
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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CHRIS MARSTON

[Electronically Filed]

Signature

Date

MM / DD / YYYY
07 / 31 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 261 OF 362
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00573154</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div>				
Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div> 05 / 23 / 2015	
Mailing Address 83 CABOT ST			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">8.93</div>	
City BEVERLY		State MA	Zip Code 01915	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 60px;"></div>		
Name of Federal Candidate CARLY FIORINA			Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NE</u>	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div> 05 / 23 / 2015	
Mailing Address 83 CABOT ST			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">8.93</div>	
City BEVERLY		State MA	Zip Code 01915	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 60px;"></div>		
Name of Federal Candidate CARLY FIORINA			Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NH</u>	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">17.86</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div>	
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
CHRIS MARSTON			[Electronically Filed]	
Signature			Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div> 07 / 31 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 262 OF 362
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA			FEC IDENTIFICATION NUMBER ▼ C C00573154	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 05 / 23 / 2015		
Mailing Address 83 CABOT ST		Amount 8.93		
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SE24.544	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 05 / 23 / 2015	
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NJ	
Calendar Year-To-Date Per Election for Office Sought 336.98		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 05 / 23 / 2015		
Mailing Address 83 CABOT ST		Amount 8.93		
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SE24.545	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 05 / 23 / 2015	
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NM	
Calendar Year-To-Date Per Election for Office Sought 336.98		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		17.86		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
CHRIS MARSTON		[Electronically Filed]		Date
Signature				M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 263 OF 362
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA			FEC IDENTIFICATION NUMBER ▼ C C00573154	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 05 / 23 / 2015		
Mailing Address 83 CABOT ST		Amount 8.93		
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SE24.546	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 05 / 23 / 2015	
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NV	
Calendar Year-To-Date Per Election for Office Sought		336.98	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 05 / 23 / 2015		
Mailing Address 83 CABOT ST		Amount 8.93		
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SE24.547	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 05 / 23 / 2015	
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NY	
Calendar Year-To-Date Per Election for Office Sought		336.98	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures.....		17.86		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
CHRIS MARSTON		[Electronically Filed]		Date
Signature				M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 264 OF 362
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA		FEC IDENTIFICATION NUMBER ▼ C C00573154	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 05 / 23 / 2015	
Mailing Address 83 CABOT ST		Amount 8.93	
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SE24.548
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 05 / 23 / 2015
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: OH
Calendar Year-To-Date Per Election for Office Sought		336.97	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 05 / 23 / 2015	
Mailing Address 83 CABOT ST		Amount 8.93	
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SE24.549
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 05 / 23 / 2015
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: OK
Calendar Year-To-Date Per Election for Office Sought		336.97	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.....		17.86	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures.....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
CHRIS MARSTON		[Electronically Filed]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 265 OF 362
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA			FEC IDENTIFICATION NUMBER ▼ C C00573154	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 05 / 23 / 2015		
Mailing Address 83 CABOT ST		Amount 8.93		
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SE24.550	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 05 / 23 / 2015	
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: OR	
Calendar Year-To-Date Per Election for Office Sought		336.97	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 05 / 23 / 2015		
Mailing Address 83 CABOT ST		Amount 8.93		
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SE24.551	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 05 / 23 / 2015	
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: PA	
Calendar Year-To-Date Per Election for Office Sought		336.97	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures.....		17.86		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
CHRIS MARSTON		[Electronically Filed]		Date
Signature				M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 266 OF 362
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA		FEC IDENTIFICATION NUMBER ▼ C C00573154
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 23 / 2015
Mailing Address 83 CABOT ST		Amount 8.93
City BEVERLY	State MA	Zip Code 01915
Purpose of Expenditure ADVERTISING - ONLINE	Category/Type	Transaction ID : SE24.552 Date of Disbursement or Obligation MM / DD / YYYY 05 / 23 / 2015
Name of Federal Candidate CARLY FIORINA		Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: PR
Calendar Year-To-Date Per Election for Office Sought 336.96		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 23 / 2015
Mailing Address 83 CABOT ST		Amount 8.93
City BEVERLY	State MA	Zip Code 01915
Purpose of Expenditure ADVERTISING - ONLINE	Category/Type	Transaction ID : SE24.553 Date of Disbursement or Obligation MM / DD / YYYY 05 / 23 / 2015
Name of Federal Candidate CARLY FIORINA		Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: RI
Calendar Year-To-Date Per Election for Office Sought 336.96		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	17.86
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON

[Electronically Filed]

Signature

Date

MM / DD / YYYY
07 / 31 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 267 OF 362
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA			FEC IDENTIFICATION NUMBER ▼ C C00573154	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY	
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 23 / 2015		
Mailing Address 83 CABOT ST		Amount 8.93		
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SE24.554	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 05 / 23 / 2015	
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: SC	
Calendar Year-To-Date Per Election for Office Sought		2683.13	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 23 / 2015		
Mailing Address 83 CABOT ST		Amount 8.93		
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SE24.555	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 05 / 23 / 2015	
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: SD	
Calendar Year-To-Date Per Election for Office Sought		336.96	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		17.86		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
CHRIS MARSTON		[Electronically Filed]		Date
Signature				MM / DD / YYYY 07 / 31 / 2015

Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 23 / 2015	
Mailing Address 83 CABOT ST		Amount 8.93	
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SE24.557
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 05 / 23 / 2015
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: TX
Calendar Year-To-Date Per Election for Office Sought		336.96	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	17.86
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00573154 </div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 05 / 23 / 2015 </div>		
Mailing Address 83 CABOT ST			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 8.93 </div>		
City BEVERLY		State MA	Zip Code 01915		Transaction ID : SE24.558
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type 		Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 05 / 23 / 2015 </div>	
Name of Federal Candidate CARLY FIORINA			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: UT
Calendar Year-To-Date Per Election for Office Sought 336.96			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 05 / 23 / 2015 </div>		
Mailing Address 83 CABOT ST			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 8.93 </div>		
City BEVERLY		State MA	Zip Code 01915		Transaction ID : SE24.559
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type 		Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 05 / 23 / 2015 </div>	
Name of Federal Candidate CARLY FIORINA			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: VA
Calendar Year-To-Date Per Election for Office Sought 336.96			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 17.86 </div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>CHRIS MARSTON</u>			[Electronically Filed]		Date MM / DD / YYYY 07 / 31 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA		FEC IDENTIFICATION NUMBER ▼ C C00573154
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 23 / 2015
Mailing Address 83 CABOT ST		Amount 8.93
City BEVERLY	State MA	Zip Code 01915
Purpose of Expenditure ADVERTISING - ONLINE	Category/Type	Transaction ID : SE24.560 Date of Disbursement or Obligation MM / DD / YYYY 05 / 23 / 2015
Name of Federal Candidate CARLY FIORINA		Office Sought: <input checked="" type="checkbox"/> House District: <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: VI
Calendar Year-To-Date Per Election for Office Sought 336.96		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 23 / 2015
Mailing Address 83 CABOT ST		Amount 8.93
City BEVERLY	State MA	Zip Code 01915
Purpose of Expenditure ADVERTISING - ONLINE	Category/Type	Transaction ID : SE24.561 Date of Disbursement or Obligation MM / DD / YYYY 05 / 23 / 2015
Name of Federal Candidate CARLY FIORINA		Office Sought: <input type="checkbox"/> House District: <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: VT
Calendar Year-To-Date Per Election for Office Sought 336.96		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	17.86
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON
Signature

[Electronically Filed] Date **07 / 31 / 2015**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 271 OF 362
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00573154</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>				
Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">05</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">23</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;">2015</div>	
Mailing Address 83 CABOT ST			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 8.93	
City BEVERLY		State MA	Zip Code 01915	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type <div style="display: inline-block; border-bottom: 1px solid black; width: 60px;"></div>		
Name of Federal Candidate CARLY FIORINA			Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: WA	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 336.96			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">05</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">23</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;">2015</div>	
Mailing Address 83 CABOT ST			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 8.93	
City BEVERLY		State MA	Zip Code 01915	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type <div style="display: inline-block; border-bottom: 1px solid black; width: 60px;"></div>		
Name of Federal Candidate CARLY FIORINA			Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: WI	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 336.96			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
<div style="display: flex; justify-content: space-between;"><div style="width: 60%;">(a) SUBTOTAL of Itemized Independent Expenditures..... ▶</div><div style="width: 35%; text-align: right;"><div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 17.86</div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(b) SUBTOTAL of Unitemized Independent Expenditures ▶</div><div style="width: 35%; text-align: right;"><div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(c) TOTAL Independent Expenditures..... ▶</div><div style="width: 35%; text-align: right;"><div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div></div></div>				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. <div style="display: flex; justify-content: space-between; align-items: flex-end;"><div style="width: 40%;">Signature <div style="border-bottom: 1px solid black; width: 100%;"></div> CHRIS MARSTON</div><div style="width: 20%; text-align: center;">[Electronically Filed]</div><div style="width: 20%; text-align: center;">Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">07</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">31</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;">2015</div></div><div style="width: 20%;"></div></div>				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 272 OF 362
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00573154</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>				
Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">05</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">23</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;">2015</div>	
Mailing Address 83 CABOT ST			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 8.93	
City BEVERLY		State MA	Zip Code 01915	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type <div style="display: inline-block; border-bottom: 1px solid black; width: 60px;"></div>		
Name of Federal Candidate CARLY FIORINA			Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: WV	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 336.96			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">05</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">23</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;">2015</div>	
Mailing Address 83 CABOT ST			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 8.93	
City BEVERLY		State MA	Zip Code 01915	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type <div style="display: inline-block; border-bottom: 1px solid black; width: 60px;"></div>		
Name of Federal Candidate CARLY FIORINA			Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: WY	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 336.96			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶ <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 17.86				
(b) SUBTOTAL of Unitemized Independent Expenditures ▶ <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>				
(c) TOTAL Independent Expenditures..... ▶ <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. <div style="display: flex; justify-content: space-between;"><div style="width: 40%;">Signature CHRIS MARSTON</div><div style="width: 20%; text-align: center;">[Electronically Filed]</div><div style="width: 20%; text-align: center;">Date</div><div style="width: 20%; text-align: center;">Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">07</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">31</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;">2015</div></div></div>				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00573154 </div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 05 / 28 / 2015 </div>		
Mailing Address 83 CABOT ST			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 8.03 </div>		
City BEVERLY		State MA	Zip Code 01915		Transaction ID : SE24.566
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type 		Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 05 / 28 / 2015 </div>	
Name of Federal Candidate CARLY FIORINA			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: AK
Calendar Year-To-Date Per Election for Office Sought 336.98			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 05 / 28 / 2015 </div>		
Mailing Address 83 CABOT ST			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 8.03 </div>		
City BEVERLY		State MA	Zip Code 01915		Transaction ID : SE24.567
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type 		Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 05 / 28 / 2015 </div>	
Name of Federal Candidate CARLY FIORINA			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: AL
Calendar Year-To-Date Per Election for Office Sought 336.98			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 16.06 </div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>CHRIS MARSTON</u>			[Electronically Filed]		Date MM / DD / YYYY 07 / 31 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 274 OF 362
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA			FEC IDENTIFICATION NUMBER ▼ C C00573154	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 05 / 28 / 2015		
Mailing Address 83 CABOT ST		Amount 8.03		
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SE24.568	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 05 / 28 / 2015	
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		336.98	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 05 / 28 / 2015		
Mailing Address 83 CABOT ST		Amount 8.03		
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SE24.569	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 05 / 28 / 2015	
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: AS	
Calendar Year-To-Date Per Election for Office Sought		336.98	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures.....		16.06		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
CHRIS MARSTON		[Electronically Filed]		Date
Signature				M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 275 OF 362
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA		FEC IDENTIFICATION NUMBER ▼ C C00573154
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 28 / 2015
Mailing Address 83 CABOT ST		Amount 8.03
City BEVERLY	State MA	Zip Code 01915
Purpose of Expenditure ADVERTISING - ONLINE	Category/Type	Transaction ID : SE24.570 Date of Disbursement or Obligation MM / DD / YYYY 05 / 28 / 2015
Name of Federal Candidate CARLY FIORINA		Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought 336.98		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 28 / 2015
Mailing Address 83 CABOT ST		Amount 8.03
City BEVERLY	State MA	Zip Code 01915
Purpose of Expenditure ADVERTISING - ONLINE	Category/Type	Transaction ID : SE24.571 Date of Disbursement or Obligation MM / DD / YYYY 05 / 28 / 2015
Name of Federal Candidate CARLY FIORINA		Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought 336.98		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	16.06
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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CHRIS MARSTON

[Electronically Filed]

Date

MM / DD / YYYY
07 / 31 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 276 OF 362
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA			FEC IDENTIFICATION NUMBER ▼ C C00573154	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / MM / YYYY				
Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination MM / MM / YYYY 05 / 28 / 2015	
Mailing Address 83 CABOT ST			Amount 8.03	
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SE24.572	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type 	Date of Disbursement or Obligation MM / MM / YYYY 05 / 28 / 2015	
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: CO	
Calendar Year-To-Date Per Election for Office Sought		336.98	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination MM / MM / YYYY 05 / 28 / 2015	
Mailing Address 83 CABOT ST			Amount 8.03	
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SE24.573	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type 	Date of Disbursement or Obligation MM / MM / YYYY 05 / 28 / 2015	
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: CT	
Calendar Year-To-Date Per Election for Office Sought		336.98	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			16.06	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
CHRIS MARSTON		[Electronically Filed]	Date MM / MM / YYYY 07 / 31 / 2015	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 277 OF 362
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA			FEC IDENTIFICATION NUMBER ▼ C C00573154	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 05 / 28 / 2015		
Mailing Address 83 CABOT ST		Amount 8.03		
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SE24.574	
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 05 / 28 / 2015	
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DC	
Calendar Year-To-Date Per Election for Office Sought		336.98	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 05 / 28 / 2015		
Mailing Address 83 CABOT ST		Amount 8.03		
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SE24.575	
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 05 / 28 / 2015	
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DE	
Calendar Year-To-Date Per Election for Office Sought		336.98	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		16.06		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
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CHRIS MARSTON		[Electronically Filed]		Date
Signature		M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 278 OF 362
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA		FEC IDENTIFICATION NUMBER ▼ C C00573154
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 28 / 2015
Mailing Address 83 CABOT ST		Amount 8.03
City BEVERLY	State MA	Zip Code 01915
Purpose of Expenditure ADVERTISING - ONLINE	Category/Type	Transaction ID : SE24.576 Date of Disbursement or Obligation MM / DD / YYYY 05 / 28 / 2015
Name of Federal Candidate CARLY FIORINA		Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought 336.98		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 28 / 2015
Mailing Address 83 CABOT ST		Amount 8.03
City BEVERLY	State MA	Zip Code 01915
Purpose of Expenditure ADVERTISING - ONLINE	Category/Type	Transaction ID : SE24.577 Date of Disbursement or Obligation MM / DD / YYYY 05 / 28 / 2015
Name of Federal Candidate CARLY FIORINA		Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: GA
Calendar Year-To-Date Per Election for Office Sought 336.98		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	16.06
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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CHRIS MARSTON

[Electronically Filed]

Signature

Date

MM / DD / YYYY
07 / 31 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 279 OF 362
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00573154</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div>				
Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div> 05 / 28 / 2015	
Mailing Address 83 CABOT ST			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">8.03</div>	
City BEVERLY		State MA	Zip Code 01915	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 60px;"></div>		
Name of Federal Candidate CARLY FIORINA			Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: GU	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">336.98</div>				
Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div> 05 / 28 / 2015	
Mailing Address 83 CABOT ST			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">8.03</div>	
City BEVERLY		State MA	Zip Code 01915	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 60px;"></div>		
Name of Federal Candidate CARLY FIORINA			Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: HI	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">336.98</div>				
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">16.06</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div>	
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
CHRIS MARSTON			[Electronically Filed]	
Signature			Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div> 07 / 31 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA		FEC IDENTIFICATION NUMBER ▼ C C00573154
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 28 / 2015
Mailing Address 83 CABOT ST		Amount 8.03
City BEVERLY	State MA	Zip Code 01915
Purpose of Expenditure ADVERTISING - ONLINE	Category/Type	Transaction ID : SE24.580 Date of Disbursement or Obligation MM / DD / YYYY 05 / 28 / 2015
Name of Federal Candidate CARLY FIORINA	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought 2583.19		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 28 / 2015
Mailing Address 83 CABOT ST		Amount 8.03
City BEVERLY	State MA	Zip Code 01915
Purpose of Expenditure ADVERTISING - ONLINE	Category/Type	Transaction ID : SE24.581 Date of Disbursement or Obligation MM / DD / YYYY 05 / 28 / 2015
Name of Federal Candidate CARLY FIORINA	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: ID
Calendar Year-To-Date Per Election for Office Sought 336.98		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	16.06
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON
Signature

[Electronically Filed] Date **07 / 31 / 2015**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 281 OF 362
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA			FEC IDENTIFICATION NUMBER ▼ C C00573154	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY	
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 28 / 2015		
Mailing Address 83 CABOT ST		Amount 8.03		
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SE24.582	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 05 / 28 / 2015	
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IL	
Calendar Year-To-Date Per Election for Office Sought		336.98	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 28 / 2015		
Mailing Address 83 CABOT ST		Amount 8.03		
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SE24.583	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 05 / 28 / 2015	
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IN	
Calendar Year-To-Date Per Election for Office Sought		336.98	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		16.06		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
CHRIS MARSTON		[Electronically Filed]		Date
Signature				MM / DD / YYYY 07 / 31 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 282 OF 362
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00573154</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div>				
Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div> 05 / 28 / 2015	
Mailing Address 83 CABOT ST			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">8.03</div>	
City BEVERLY		State MA	Zip Code 01915	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 60px;"></div>		
Name of Federal Candidate CARLY FIORINA			Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">336.98</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div> 05 / 28 / 2015	
Mailing Address 83 CABOT ST			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">8.03</div>	
City BEVERLY		State MA	Zip Code 01915	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 60px;"></div>		
Name of Federal Candidate CARLY FIORINA			Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>KY</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">336.98</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶ <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">16.06</div>				
(b) SUBTOTAL of Unitemized Independent Expenditures ▶ <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div>				
(c) TOTAL Independent Expenditures..... ▶ <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div>				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. <div style="display: flex; justify-content: space-between;"><div>CHRIS MARSTON _____ Signature</div><div>[Electronically Filed]</div><div>Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div> 07 / 31 / 2015</div></div>				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 283 OF 362
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA			FEC IDENTIFICATION NUMBER ▼ C C00573154	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYYYY				
Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination MM / DD / YYYYYY 05 / 28 / 2015	
Mailing Address 83 CABOT ST			Amount 8.03	
City BEVERLY		State MA	Zip Code 01915	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type 	Transaction ID : SE24.586 Date of Disbursement or Obligation MM / DD / YYYYYY 05 / 28 / 2015	
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		336.98	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination MM / DD / YYYYYY 05 / 28 / 2015	
Mailing Address 83 CABOT ST			Amount 8.03	
City BEVERLY		State MA	Zip Code 01915	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type 	Transaction ID : SE24.587 Date of Disbursement or Obligation MM / DD / YYYYYY 05 / 28 / 2015	
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MA	
Calendar Year-To-Date Per Election for Office Sought		336.98	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			16.06	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
CHRIS MARSTON		[Electronically Filed]		Date MM / DD / YYYYYY 07 / 31 / 2015
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 284 OF 362
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA			FEC IDENTIFICATION NUMBER ▼ C C00573154	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY	
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 28 / 2015		
Mailing Address 83 CABOT ST		Amount 8.03		
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SE24.588	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 05 / 28 / 2015	
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MD	
Calendar Year-To-Date Per Election for Office Sought		336.97	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 28 / 2015		
Mailing Address 83 CABOT ST		Amount 8.03		
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SE24.589	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 05 / 28 / 2015	
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: ME	
Calendar Year-To-Date Per Election for Office Sought		336.97	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		16.06		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
CHRIS MARSTON		[Electronically Filed]		Date
Signature				MM / DD / YYYY 07 / 31 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 285 OF 362
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA			FEC IDENTIFICATION NUMBER ▼ C C00573154	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 05 / 28 / 2015		
Mailing Address 83 CABOT ST		Amount 8.03		
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SE24.590	
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 05 / 28 / 2015	
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MI	
Calendar Year-To-Date Per Election for Office Sought		336.98	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 05 / 28 / 2015		
Mailing Address 83 CABOT ST		Amount 8.03		
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SE24.591	
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 05 / 28 / 2015	
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MN	
Calendar Year-To-Date Per Election for Office Sought		336.98	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		16.06		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
CHRIS MARSTON		[Electronically Filed]		Date
Signature				M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 286 OF 362
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA			FEC IDENTIFICATION NUMBER ▼ C C00573154	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 05 / 28 / 2015		
Mailing Address 83 CABOT ST		Amount 8.03		
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SE24.592	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 05 / 28 / 2015	
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MO	
Calendar Year-To-Date Per Election for Office Sought		336.98	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 05 / 28 / 2015		
Mailing Address 83 CABOT ST		Amount 8.04		
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SE24.593	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 05 / 28 / 2015	
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MP	
Calendar Year-To-Date Per Election for Office Sought		336.98	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures.....		16.07		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
CHRIS MARSTON		[Electronically Filed]		Date
Signature				M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 287 OF 362
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA		FEC IDENTIFICATION NUMBER ▼ C C00573154
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 28 / 2015
Mailing Address 83 CABOT ST		Amount 8.03
City BEVERLY	State MA	Zip Code 01915
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	Transaction ID : SE24.594 Date of Disbursement or Obligation MM / DD / YYYY 05 / 28 / 2015
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: MS
Calendar Year-To-Date Per Election for Office Sought 336.98		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 28 / 2015
Mailing Address 83 CABOT ST		Amount 8.03
City BEVERLY	State MA	Zip Code 01915
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	Transaction ID : SE24.595 Date of Disbursement or Obligation MM / DD / YYYY 05 / 28 / 2015
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: MT
Calendar Year-To-Date Per Election for Office Sought 336.98		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	16.06
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON

[Electronically Filed]

Signature

Date

MM / DD / YYYY
07 / 31 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 288 OF 362
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA			FEC IDENTIFICATION NUMBER ▼ C C00573154	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY	
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 28 / 2015		
Mailing Address 83 CABOT ST		Amount 8.04		
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SE24.596	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 05 / 28 / 2015	
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		336.98	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 28 / 2015		
Mailing Address 83 CABOT ST		Amount 8.04		
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SE24.597	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 05 / 28 / 2015	
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: ND	
Calendar Year-To-Date Per Election for Office Sought		336.98	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures.....		16.08		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
CHRIS MARSTON		[Electronically Filed]		Date
Signature				MM / DD / YYYY 07 / 31 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 289 OF 362
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00573154</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div>				
Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div> 05 / 28 / 2015	
Mailing Address 83 CABOT ST			Amount <div style="border-bottom: 1px solid black; width: 100%; text-align: right;">8.03</div>	
City BEVERLY		State MA	Zip Code 01915	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type <div style="border-bottom: 1px solid black; width: 60px;"></div>		
Name of Federal Candidate CARLY FIORINA			Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NE</u>	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
<div style="border-bottom: 1px solid black; width: 100%; text-align: right;">336.98</div>				
Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div> 05 / 28 / 2015	
Mailing Address 83 CABOT ST			Amount <div style="border-bottom: 1px solid black; width: 100%; text-align: right;">8.04</div>	
City BEVERLY		State MA	Zip Code 01915	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type <div style="border-bottom: 1px solid black; width: 60px;"></div>		
Name of Federal Candidate CARLY FIORINA			Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NH</u>	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
<div style="border-bottom: 1px solid black; width: 100%; text-align: right;">2583.19</div>				
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border-bottom: 1px solid black; width: 100%; text-align: right;">16.07</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border-bottom: 1px solid black; width: 100%; text-align: right;"></div>	
(c) TOTAL Independent Expenditures..... ▶			<div style="border-bottom: 1px solid black; width: 100%; text-align: right;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
CHRIS MARSTON <div style="border-bottom: 1px solid black; width: 100%; text-align: right;">Signature</div>				
[Electronically Filed] Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div> 07 / 31 / 2015				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 290 OF 362
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00573154</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>				
Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> 05 / 28 / 2015	
Mailing Address 83 CABOT ST			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 8.04	
City BEVERLY		State MA	Zip Code 01915	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type <div style="display: inline-block; border-bottom: 1px solid black; width: 60px;"></div>		
Name of Federal Candidate CARLY FIORINA			Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NJ	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 336.98			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> 05 / 28 / 2015	
Mailing Address 83 CABOT ST			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 8.04	
City BEVERLY		State MA	Zip Code 01915	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type <div style="display: inline-block; border-bottom: 1px solid black; width: 60px;"></div>		
Name of Federal Candidate CARLY FIORINA			Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NM	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 336.98			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶ <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 16.08				
(b) SUBTOTAL of Unitemized Independent Expenditures ▶ <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>				
(c) TOTAL Independent Expenditures..... ▶ <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <u>CHRIS MARSTON</u> [Electronically Filed] Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> 07 / 31 / 2015				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 291 OF 362
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00573154</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>				
Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 28 / 2015</div>	
Mailing Address 83 CABOT ST			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">8.04</div>	
City BEVERLY		State MA	Zip Code 01915	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Name of Federal Candidate CARLY FIORINA			Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NV</u>	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">336.98</div>			<div style="border: 1px solid black; padding: 2px; display: inline-block;">336.98</div>	
Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 28 / 2015</div>	
Mailing Address 83 CABOT ST			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">8.04</div>	
City BEVERLY		State MA	Zip Code 01915	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Name of Federal Candidate CARLY FIORINA			Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NY</u>	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">336.98</div>			<div style="border: 1px solid black; padding: 2px; display: inline-block;">336.98</div>	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶ <div style="border: 1px solid black; padding: 2px; display: inline-block;">16.08</div>				
(b) SUBTOTAL of Unitemized Independent Expenditures ▶ <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>				
(c) TOTAL Independent Expenditures..... ▶ <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>				
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Signature <u>CHRIS MARSTON</u> [Electronically Filed] Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">07 / 31 / 2015</div>				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 292 OF 362
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00573154</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>				
Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">05</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">28</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;">2015</div>	
Mailing Address 83 CABOT ST			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 8.03	
City BEVERLY		State MA	Zip Code 01915	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type <div style="display: inline-block; border-bottom: 1px solid black; width: 60px;"></div>		
Name of Federal Candidate CARLY FIORINA			Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ State: OH	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 336.97			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">05</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">28</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;">2015</div>	
Mailing Address 83 CABOT ST			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 8.03	
City BEVERLY		State MA	Zip Code 01915	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type <div style="display: inline-block; border-bottom: 1px solid black; width: 60px;"></div>		
Name of Federal Candidate CARLY FIORINA			Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ State: OK	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 336.97			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶ <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 16.06				
(b) SUBTOTAL of Unitemized Independent Expenditures ▶ <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>				
(c) TOTAL Independent Expenditures..... ▶ <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. <div style="display: flex; justify-content: space-between;"><div>CHRIS MARSTON _____ Signature</div><div>[Electronically Filed]</div><div>Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 07 / 31 / 2015</div></div>				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA		FEC IDENTIFICATION NUMBER ▼ C C00573154
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 28 / 2015
Mailing Address 83 CABOT ST		Amount 8.03
City BEVERLY	State MA	Zip Code 01915
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate		District: _____ State: OR
Calendar Year-To-Date Per Election for Office Sought 336.97		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 28 / 2015
Mailing Address 83 CABOT ST		Amount 8.03
City BEVERLY	State MA	Zip Code 01915
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate		District: _____ State: PA
Calendar Year-To-Date Per Election for Office Sought 336.97		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	16.06
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON
Signature

[Electronically Filed] Date **07 / 31 / 2015**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 294 OF 362
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00573154</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>				
Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> 05 / 28 / 2015	
Mailing Address 83 CABOT ST			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 8.03	
City BEVERLY		State MA	Zip Code 01915	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type <div style="display: inline-block; border-bottom: 1px solid black; width: 60px;"></div>		
Name of Federal Candidate CARLY FIORINA			Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: PR	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 336.96			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> 05 / 28 / 2015	
Mailing Address 83 CABOT ST			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 8.03	
City BEVERLY		State MA	Zip Code 01915	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type <div style="display: inline-block; border-bottom: 1px solid black; width: 60px;"></div>		
Name of Federal Candidate CARLY FIORINA			Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: RI	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 336.96			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶ <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 16.06				
(b) SUBTOTAL of Unitemized Independent Expenditures ▶ <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>				
(c) TOTAL Independent Expenditures..... ▶ <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <u>CHRIS MARSTON</u> [Electronically Filed] Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> 07 / 31 / 2015				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 295 OF 362
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA		FEC IDENTIFICATION NUMBER ▼ C C00573154
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 28 / 2015
Mailing Address 83 CABOT ST		Amount 8.03
City BEVERLY	State MA	Zip Code 01915
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	Transaction ID : SE24.610 Date of Disbursement or Obligation MM / DD / YYYY 05 / 28 / 2015
Name of Federal Candidate CARLY FIORINA		Office Sought: <input checked="" type="checkbox"/> House District: _____ <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: SC
Calendar Year-To-Date Per Election for Office Sought 2683.13		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 28 / 2015
Mailing Address 83 CABOT ST		Amount 8.03
City BEVERLY	State MA	Zip Code 01915
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	Transaction ID : SE24.611 Date of Disbursement or Obligation MM / DD / YYYY 05 / 28 / 2015
Name of Federal Candidate CARLY FIORINA		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: SD
Calendar Year-To-Date Per Election for Office Sought 336.96		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	16.06
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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CHRIS MARSTON

[Electronically Filed]

Signature

Date

MM / DD / YYYY
07 / 31 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 296 OF 362
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA		FEC IDENTIFICATION NUMBER ▼ C C00573154
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 28 / 2015
Mailing Address 83 CABOT ST		Amount 8.03
City BEVERLY	State MA	Zip Code 01915
Purpose of Expenditure ADVERTISING - ONLINE	Category/Type	Transaction ID : SE24.612 Date of Disbursement or Obligation MM / DD / YYYY 05 / 28 / 2015
Name of Federal Candidate CARLY FIORINA		Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: TN
Calendar Year-To-Date Per Election for Office Sought 336.96		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 28 / 2015
Mailing Address 83 CABOT ST		Amount 8.03
City BEVERLY	State MA	Zip Code 01915
Purpose of Expenditure ADVERTISING - ONLINE	Category/Type	Transaction ID : SE24.613 Date of Disbursement or Obligation MM / DD / YYYY 05 / 28 / 2015
Name of Federal Candidate CARLY FIORINA		Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: TX
Calendar Year-To-Date Per Election for Office Sought 336.96		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	16.06
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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CHRIS MARSTON

[Electronically Filed]

Signature

Date

MM / DD / YYYY
07 / 31 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00573154 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY		

Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 05 / 28 / 2015 </div>	
Mailing Address 83 CABOT ST		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 8.03 </div>	
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SE24.614 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 05 / 28 / 2015 </div>
Purpose of Expenditure ADVERTISING - ONLINE	Category/Type 		
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>UT</u>	
<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 336.96 </div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 05 / 28 / 2015 </div>	
Mailing Address 83 CABOT ST		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 8.03 </div>	
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SE24.615 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 05 / 28 / 2015 </div>
Purpose of Expenditure ADVERTISING - ONLINE	Category/Type 		
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>VA</u>	
<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 336.96 </div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 16.06 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>

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CHRIS MARSTON

[Electronically Filed]

Date

MM / DD / YYYY
07 / 31 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 298 OF 362
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00573154</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>				
Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">05</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">28</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;">2015</div>	
Mailing Address 83 CABOT ST			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 8.03	
City BEVERLY		State MA	Zip Code 01915	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type <div style="display: inline-block; border-bottom: 1px solid black; width: 60px;"></div>		
Name of Federal Candidate CARLY FIORINA			Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ State: VI	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 336.96			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">05</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">28</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;">2015</div>	
Mailing Address 83 CABOT ST			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 8.03	
City BEVERLY		State MA	Zip Code 01915	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type <div style="display: inline-block; border-bottom: 1px solid black; width: 60px;"></div>		
Name of Federal Candidate CARLY FIORINA			Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ State: VT	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 336.96			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶ <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 16.06				
(b) SUBTOTAL of Unitemized Independent Expenditures ▶ <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>				
(c) TOTAL Independent Expenditures..... ▶ <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. <div style="display: flex; justify-content: space-between;"><div>CHRIS MARSTON _____ Signature</div><div>[Electronically Filed]</div><div>Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> 07 / 31 / 2015</div></div>				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA		FEC IDENTIFICATION NUMBER ▼ C C00573154
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 28 / 2015
Mailing Address 83 CABOT ST		Amount 8.03
City BEVERLY	State MA	Zip Code 01915
Purpose of Expenditure ADVERTISING - ONLINE	Category/Type	Transaction ID : SE24.618 Date of Disbursement or Obligation MM / DD / YYYY 05 / 28 / 2015
Name of Federal Candidate CARLY FIORINA		Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: WA
Calendar Year-To-Date Per Election for Office Sought 336.96		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 28 / 2015
Mailing Address 83 CABOT ST		Amount 8.03
City BEVERLY	State MA	Zip Code 01915
Purpose of Expenditure ADVERTISING - ONLINE	Category/Type	Transaction ID : SE24.619 Date of Disbursement or Obligation MM / DD / YYYY 05 / 28 / 2015
Name of Federal Candidate CARLY FIORINA		Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: WI
Calendar Year-To-Date Per Election for Office Sought 336.96		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	16.06
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON
Signature

[Electronically Filed] Date **07 / 31 / 2015**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 300 OF 362
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA		FEC IDENTIFICATION NUMBER ▼ C C00573154
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 28 / 2015
Mailing Address 83 CABOT ST		Amount 8.03
City BEVERLY	State MA	Zip Code 01915
Purpose of Expenditure ADVERTISING - ONLINE	Category/Type	Transaction ID : SE24.620 Date of Disbursement or Obligation MM / DD / YYYY 05 / 28 / 2015
Name of Federal Candidate CARLY FIORINA		Office Sought: <input checked="" type="checkbox"/> House District: _____ <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: WV
Calendar Year-To-Date Per Election for Office Sought 336.96		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 28 / 2015
Mailing Address 83 CABOT ST		Amount 8.03
City BEVERLY	State MA	Zip Code 01915
Purpose of Expenditure ADVERTISING - ONLINE	Category/Type	Transaction ID : SE24.621 Date of Disbursement or Obligation MM / DD / YYYY 05 / 28 / 2015
Name of Federal Candidate CARLY FIORINA		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: WY
Calendar Year-To-Date Per Election for Office Sought 336.96		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	16.06
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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CHRIS MARSTON

[Electronically Filed]

Signature

Date

MM / DD / YYYY
07 / 31 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 301 OF 362
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00573154</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>				
Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 05 / 28 / 2015	
Mailing Address 83 CABOT ST			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 66.66	
City BEVERLY		State MA	Zip Code 01915	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type <div style="display: inline-block; border-bottom: 1px solid black; width: 60px;"></div>		
Name of Federal Candidate CARLY FIORINA			Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 2583.19			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 05 / 28 / 2015	
Mailing Address 83 CABOT ST			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 66.66	
City BEVERLY		State MA	Zip Code 01915	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type <div style="display: inline-block; border-bottom: 1px solid black; width: 60px;"></div>		
Name of Federal Candidate CARLY FIORINA			Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 2583.19			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 133.32	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>	
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature CHRIS MARSTON			Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 07 / 31 / 2015	

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 302 OF 362
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA		FEC IDENTIFICATION NUMBER ▼ C C00573154
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 28 / 2015
Mailing Address 83 CABOT ST		Amount 166.62
City BEVERLY	State MA	Zip Code 01915
Purpose of Expenditure ADVERTISING - ONLINE	Category/Type	Transaction ID : SE24.319 Date of Disbursement or Obligation MM / DD / YYYY 05 / 28 / 2015
Name of Federal Candidate CARLY FIORINA		Office Sought: <input checked="" type="checkbox"/> House District: _____ <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: SC
Calendar Year-To-Date Per Election for Office Sought 2683.13		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 01 / 2015
Mailing Address 83 CABOT ST		Amount 1051.95
City BEVERLY	State MA	Zip Code 01915
Purpose of Expenditure ADVERTISING - ONLINE	Category/Type	Transaction ID : SE24.329 Date of Disbursement or Obligation MM / DD / YYYY 06 / 01 / 2015
Name of Federal Candidate CARLY FIORINA		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought 2583.19		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1218.57
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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CHRIS MARSTON

[Electronically Filed]

Signature

Date

MM / DD / YYYY
07 / 31 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA		FEC IDENTIFICATION NUMBER ▼ C C00573154
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 01 / 2015
Mailing Address 83 CABOT ST		Amount 1051.95
City BEVERLY	State MA	Zip Code 01915
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	Transaction ID : SE24.330 Date of Disbursement or Obligation MM / DD / YYYY 06 / 01 / 2015
Name of Federal Candidate CARLY FIORINA		Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought 2583.19		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 01 / 2015
Mailing Address 83 CABOT ST		Amount 1051.95
City BEVERLY	State MA	Zip Code 01915
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	Transaction ID : SE24.331 Date of Disbursement or Obligation MM / DD / YYYY 06 / 01 / 2015
Name of Federal Candidate CARLY FIORINA		Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: SC
Calendar Year-To-Date Per Election for Office Sought 2683.13		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	2103.90
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON
Signature

[Electronically Filed] Date **07 / 31 / 2015**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 304 OF 362
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00573154</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div>				
Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">06 / 02 / 2015</div>	
Mailing Address 83 CABOT ST			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1000.00</div>	
City BEVERLY		State MA	Zip Code 01915	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Name of Federal Candidate CARLY FIORINA			Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NH</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">2583.19</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">06 / 02 / 2015</div>	
Mailing Address 83 CABOT ST			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1000.00</div>	
City BEVERLY		State MA	Zip Code 01915	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Name of Federal Candidate CARLY FIORINA			Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">2583.19</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
<div style="display: flex; justify-content: space-between;"><div style="width: 60%;">(a) SUBTOTAL of Itemized Independent Expenditures..... ▶</div><div style="width: 35%; border: 1px solid black; padding: 5px; text-align: right;">2000.00</div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(b) SUBTOTAL of Unitemized Independent Expenditures ▶</div><div style="width: 35%; border: 1px solid black; padding: 5px; text-align: right;"></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(c) TOTAL Independent Expenditures..... ▶</div><div style="width: 35%; border: 1px solid black; padding: 5px; text-align: right;"></div></div>				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. <div style="display: flex; justify-content: space-between; align-items: flex-end;"><div style="width: 40%;">Signature <u>CHRIS MARSTON</u></div><div style="width: 20%; text-align: center;">[Electronically Filed]</div><div style="width: 20%; text-align: center;">Date</div><div style="width: 20%; text-align: center;"><div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div><div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">07 / 31 / 2015</div></div></div>				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 305 OF 362
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00573154 </div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 06 / 02 / 2015 </div>		
Mailing Address 83 CABOT ST			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 1000.00 </div>		
City BEVERLY		State MA		Zip Code 01915	
Purpose of Expenditure ADVERTISING - ONLINE			Category/Type 		
Name of Federal Candidate CARLY FIORINA			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 2683.13			Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: State: SC		
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 			Transaction ID : SE24.322 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 06 / 02 / 2015 </div>		
Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 06 / 15 / 2015 </div>		
Mailing Address 83 CABOT ST			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 7.57 </div>		
City BEVERLY		State MA		Zip Code 01915	
Purpose of Expenditure ADVERTISING - ONLINE			Category/Type 		
Name of Federal Candidate CARLY FIORINA			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 336.98			Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: State: AK		
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 			Transaction ID : SE24.622 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 06 / 15 / 2015 </div>		
(a) SUBTOTAL of Itemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 1007.57 </div>		
(b) SUBTOTAL of Unitemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		
(c) TOTAL Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>CHRIS MARSTON</u>			Date MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 07 / 31 / 2015 </div>		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 306 OF 362
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA			FEC IDENTIFICATION NUMBER ▼ C C00573154	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY	
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 15 / 2015		
Mailing Address 83 CABOT ST		Amount 7.57		
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SE24.623	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 06 / 15 / 2015	
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: AL	
Calendar Year-To-Date Per Election for Office Sought		336.98	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 15 / 2015		
Mailing Address 83 CABOT ST		Amount 7.57		
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SE24.624	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 06 / 15 / 2015	
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		336.98	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		15.14		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
CHRIS MARSTON		[Electronically Filed]		Date
Signature				MM / DD / YYYY 07 / 31 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 307 OF 362
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA		FEC IDENTIFICATION NUMBER ▼ C C00573154	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 15 / 2015	
Mailing Address 83 CABOT ST		Amount 7.57	
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SE24.625
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 06 / 15 / 2015
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: AS
Calendar Year-To-Date Per Election for Office Sought 336.98		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 15 / 2015	
Mailing Address 83 CABOT ST		Amount 7.57	
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SE24.626
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 06 / 15 / 2015
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought 336.98		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		15.14	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
CHRIS MARSTON		[Electronically Filed]	
Signature		Date MM / DD / YYYY 07 / 31 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 308 OF 362
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00573154</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div>				
Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div> 06 / 15 / 2015	
Mailing Address 83 CABOT ST			Amount <div style="border-bottom: 1px solid black; width: 100%; text-align: right;">7.57</div>	
City BEVERLY		State MA	Zip Code 01915	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type <div style="border-bottom: 1px solid black; width: 60px;"></div>		
Name of Federal Candidate CARLY FIORINA			Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: CA	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought			<div style="border-bottom: 1px solid black; width: 100%; text-align: right;">336.98</div>	

Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div> 06 / 15 / 2015	
Mailing Address 83 CABOT ST			Amount <div style="border-bottom: 1px solid black; width: 100%; text-align: right;">7.57</div>	
City BEVERLY		State MA	Zip Code 01915	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type <div style="border-bottom: 1px solid black; width: 60px;"></div>		
Name of Federal Candidate CARLY FIORINA			Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: CO	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought			<div style="border-bottom: 1px solid black; width: 100%; text-align: right;">336.98</div>	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border-bottom: 1px solid black; width: 100%; text-align: right;">15.14</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border-bottom: 1px solid black; width: 100%; text-align: right;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border-bottom: 1px solid black; width: 100%; text-align: right;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON

Signature

[Electronically Filed]

Date

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Y Y Y Y Y Y Y Y

07 / 31 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 309 OF 362
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA		FEC IDENTIFICATION NUMBER ▼ C C00573154
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 15 / 2015
Mailing Address 83 CABOT ST		Amount 7.57
City BEVERLY	State MA	Zip Code 01915
Purpose of Expenditure ADVERTISING - ONLINE	Category/Type	Transaction ID : SE24.629 Date of Disbursement or Obligation MM / DD / YYYY 06 / 15 / 2015
Name of Federal Candidate CARLY FIORINA		Office Sought: <input checked="" type="checkbox"/> House District: _____ <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: CT
Calendar Year-To-Date Per Election for Office Sought 336.98		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 15 / 2015
Mailing Address 83 CABOT ST		Amount 7.57
City BEVERLY	State MA	Zip Code 01915
Purpose of Expenditure ADVERTISING - ONLINE	Category/Type	Transaction ID : SE24.630 Date of Disbursement or Obligation MM / DD / YYYY 06 / 15 / 2015
Name of Federal Candidate CARLY FIORINA		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DC
Calendar Year-To-Date Per Election for Office Sought 336.98		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	15.14
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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CHRIS MARSTON

[Electronically Filed]

Signature

Date

MM / DD / YYYY
07 / 31 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 310 OF 362
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA		FEC IDENTIFICATION NUMBER ▼ C C00573154
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 15 / 2015
Mailing Address 83 CABOT ST		Amount 7.57
City BEVERLY	State MA	Zip Code 01915
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	Transaction ID : SE24.631 Date of Disbursement or Obligation MM / DD / YYYY 06 / 15 / 2015
Name of Federal Candidate CARLY FIORINA		Office Sought: <input checked="" type="checkbox"/> House District: _____ <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DE
Calendar Year-To-Date Per Election for Office Sought 336.98		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 15 / 2015
Mailing Address 83 CABOT ST		Amount 7.57
City BEVERLY	State MA	Zip Code 01915
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	Transaction ID : SE24.632 Date of Disbursement or Obligation MM / DD / YYYY 06 / 15 / 2015
Name of Federal Candidate CARLY FIORINA		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought 336.98		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	15.14
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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CHRIS MARSTON

[Electronically Filed]

Signature

Date

MM / DD / YYYY
07 / 31 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 311 OF 362
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA		FEC IDENTIFICATION NUMBER ▼ C C00573154
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 15 / 2015
Mailing Address 83 CABOT ST		Amount 7.57
City BEVERLY	State MA	Zip Code 01915
Purpose of Expenditure ADVERTISING - ONLINE	Category/Type	Transaction ID : SE24.633 Date of Disbursement or Obligation MM / DD / YYYY 06 / 15 / 2015
Name of Federal Candidate CARLY FIORINA		Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: GA
Calendar Year-To-Date Per Election for Office Sought 336.98		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 15 / 2015
Mailing Address 83 CABOT ST		Amount 7.57
City BEVERLY	State MA	Zip Code 01915
Purpose of Expenditure ADVERTISING - ONLINE	Category/Type	Transaction ID : SE24.634 Date of Disbursement or Obligation MM / DD / YYYY 06 / 15 / 2015
Name of Federal Candidate CARLY FIORINA		Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: GU
Calendar Year-To-Date Per Election for Office Sought 336.98		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	15.14
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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CHRIS MARSTON

[Electronically Filed]

Signature

Date

MM / DD / YYYY
07 / 31 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 312 OF 362
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00573154</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>				
Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">06</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">15</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;">2015</div>	
Mailing Address 83 CABOT ST			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 7.57	
City BEVERLY		State MA	Zip Code 01915	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type <div style="display: inline-block; border-bottom: 1px solid black; width: 60px;"></div>		
Name of Federal Candidate CARLY FIORINA			Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: HI	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 336.98			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">06</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">15</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;">2015</div>	
Mailing Address 83 CABOT ST			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 7.57	
City BEVERLY		State MA	Zip Code 01915	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type <div style="display: inline-block; border-bottom: 1px solid black; width: 60px;"></div>		
Name of Federal Candidate CARLY FIORINA			Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 2583.19			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 15.14	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>	
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature CHRIS MARSTON			Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">07</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">31</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;">2015</div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 313 OF 362
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00573154</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>				
Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">06</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">15</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;">2015</div>	
Mailing Address 83 CABOT ST			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 7.57	
City BEVERLY		State MA	Zip Code 01915	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type <div style="display: inline-block; border-bottom: 1px solid black; width: 60px;"></div>		
Name of Federal Candidate CARLY FIORINA			Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ State: ID	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 336.98			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">06</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">15</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;">2015</div>	
Mailing Address 83 CABOT ST			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 7.57	
City BEVERLY		State MA	Zip Code 01915	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type <div style="display: inline-block; border-bottom: 1px solid black; width: 60px;"></div>		
Name of Federal Candidate CARLY FIORINA			Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ State: IL	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 336.98			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶ <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 15.14				
(b) SUBTOTAL of Unitemized Independent Expenditures ▶ <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>				
(c) TOTAL Independent Expenditures..... ▶ <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. <div style="display: flex; justify-content: space-between;"><div>CHRIS MARSTON _____ Signature</div><div>[Electronically Filed]</div><div>Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">07</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">31</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;">2015</div></div></div>				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 314 OF 362
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA		FEC IDENTIFICATION NUMBER ▼ C C00573154
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 15 / 2015
Mailing Address 83 CABOT ST		Amount 7.57
City BEVERLY	State MA	Zip Code 01915
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	Transaction ID : SE24.639 Date of Disbursement or Obligation MM / DD / YYYY 06 / 15 / 2015
Name of Federal Candidate CARLY FIORINA		Office Sought: <input checked="" type="checkbox"/> House District: _____ <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IN
Calendar Year-To-Date Per Election for Office Sought 336.98		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 15 / 2015
Mailing Address 83 CABOT ST		Amount 7.57
City BEVERLY	State MA	Zip Code 01915
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	Transaction ID : SE24.640 Date of Disbursement or Obligation MM / DD / YYYY 06 / 15 / 2015
Name of Federal Candidate CARLY FIORINA		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 336.98		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	15.14
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON

[Electronically Filed]

Signature

Date

MM / DD / YYYY
07 / 31 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 315 OF 362
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA			FEC IDENTIFICATION NUMBER ▼ C C00573154	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY	
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 15 / 2015		
Mailing Address 83 CABOT ST		Amount 7.57		
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SE24.641	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 06 / 15 / 2015	
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: KY	
Calendar Year-To-Date Per Election for Office Sought		336.98	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 15 / 2015		
Mailing Address 83 CABOT ST		Amount 7.57		
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SE24.642	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 06 / 15 / 2015	
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		336.98	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		15.14		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
CHRIS MARSTON		[Electronically Filed]		Date
Signature				MM / DD / YYYY 07 / 31 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 316 OF 362
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00573154</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>				
Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> 06 / 15 / 2015	
Mailing Address 83 CABOT ST			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 7.56	
City BEVERLY		State MA	Zip Code 01915	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type <div style="display: inline-block; border-bottom: 1px solid black; width: 60px;"></div>		
Name of Federal Candidate CARLY FIORINA			Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MA	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 336.98			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> 06 / 15 / 2015	
Mailing Address 83 CABOT ST			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 7.56	
City BEVERLY		State MA	Zip Code 01915	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type <div style="display: inline-block; border-bottom: 1px solid black; width: 60px;"></div>		
Name of Federal Candidate CARLY FIORINA			Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MD	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 336.97			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 15.12	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>	
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature CHRIS MARSTON			Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> 07 / 31 / 2015	

[Electronically Filed]

Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 15 / 2015	
Mailing Address 83 CABOT ST		Amount 7.56	
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SE24.645
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 06 / 15 / 2015
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: <u>ME</u>
Calendar Year-To-Date Per Election for Office Sought		336.97	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>06 / 15 / 2015</div> </div>	
Mailing Address 83 CABOT ST		Amount <div> <div>7.56</div> </div>	
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SE24.646 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>06 / 15 / 2015</div> </div>
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type	
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: <u>MI</u>
Calendar Year-To-Date Per Election for Office Sought		<div> <div>336.98</div> </div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	15.12
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

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Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 318 OF 362
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA			FEC IDENTIFICATION NUMBER ▼ C C00573154	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY	
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 15 / 2015		
Mailing Address 83 CABOT ST		Amount 7.56		
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SE24.647	
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 06 / 15 / 2015	
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MN	
Calendar Year-To-Date Per Election for Office Sought		336.98	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 15 / 2015		
Mailing Address 83 CABOT ST		Amount 7.56		
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SE24.648	
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 06 / 15 / 2015	
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MO	
Calendar Year-To-Date Per Election for Office Sought		336.98	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		15.12		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
CHRIS MARSTON		[Electronically Filed]		Date
Signature				MM / DD / YYYY 07 / 31 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA		FEC IDENTIFICATION NUMBER ▼ C C00573154
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 15 / 2015
Mailing Address 83 CABOT ST		Amount 7.56
City BEVERLY	State MA	Zip Code 01915
Purpose of Expenditure ADVERTISING - ONLINE	Category/Type	Transaction ID : SE24.649 Date of Disbursement or Obligation MM / DD / YYYY 06 / 15 / 2015
Name of Federal Candidate CARLY FIORINA		Office Sought: <input checked="" type="checkbox"/> House District: <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MP
Calendar Year-To-Date Per Election for Office Sought 336.98		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 15 / 2015
Mailing Address 83 CABOT ST		Amount 7.56
City BEVERLY	State MA	Zip Code 01915
Purpose of Expenditure ADVERTISING - ONLINE	Category/Type	Transaction ID : SE24.650 Date of Disbursement or Obligation MM / DD / YYYY 06 / 15 / 2015
Name of Federal Candidate CARLY FIORINA		Office Sought: <input type="checkbox"/> House District: <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MS
Calendar Year-To-Date Per Election for Office Sought 336.98		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	15.12
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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CHRIS MARSTON
Signature

[Electronically Filed] Date **07 / 31 / 2015**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 320 OF 362
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00573154</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>				
Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">06</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">15</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;">2015</div>	
Mailing Address 83 CABOT ST			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 7.56	
City BEVERLY		State MA	Zip Code 01915	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type <div style="display: inline-block; border-bottom: 1px solid black; width: 60px;"></div>		
Name of Federal Candidate CARLY FIORINA			Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MT	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 336.98			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">06</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">15</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;">2015</div>	
Mailing Address 83 CABOT ST			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 7.56	
City BEVERLY		State MA	Zip Code 01915	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type <div style="display: inline-block; border-bottom: 1px solid black; width: 60px;"></div>		
Name of Federal Candidate CARLY FIORINA			Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 336.98			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶ <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 15.12				
(b) SUBTOTAL of Unitemized Independent Expenditures ▶ <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>				
(c) TOTAL Independent Expenditures..... ▶ <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. <div style="display: flex; justify-content: space-between;"><div style="width: 40%;">Signature CHRIS MARSTON</div><div style="width: 20%; text-align: center;">[Electronically Filed]</div><div style="width: 20%; text-align: center;">Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">07</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">31</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;">2015</div></div></div>				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 321 OF 362
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA			FEC IDENTIFICATION NUMBER ▼ C C00573154	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY	
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 15 / 2015		
Mailing Address 83 CABOT ST		Amount 7.56		
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SE24.653	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 06 / 15 / 2015	
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: ND	
Calendar Year-To-Date Per Election for Office Sought		336.98	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 15 / 2015		
Mailing Address 83 CABOT ST		Amount 7.56		
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SE24.654	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 06 / 15 / 2015	
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NE	
Calendar Year-To-Date Per Election for Office Sought		336.98	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		15.12		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
CHRIS MARSTON		[Electronically Filed]		Date
Signature				MM / DD / YYYY 07 / 31 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 322 OF 362
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA		FEC IDENTIFICATION NUMBER ▼ C C00573154
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 15 / 2015	
Mailing Address 83 CABOT ST		Amount 7.56	
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SE24.655
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 06 / 15 / 2015
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought 2583.19		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 15 / 2015	
Mailing Address 83 CABOT ST		Amount 7.56	
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SE24.656
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 06 / 15 / 2015
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NJ
Calendar Year-To-Date Per Election for Office Sought 336.98		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	15.12
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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CHRIS MARSTON

[Electronically Filed]

Signature

Date

MM / DD / YYYY
07 / 31 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA		FEC IDENTIFICATION NUMBER ▼ C C00573154
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 15 / 2015
Mailing Address 83 CABOT ST		Amount 7.56
City BEVERLY	State MA	Zip Code 01915
Purpose of Expenditure ADVERTISING - ONLINE	Category/Type	Transaction ID : SE24.657 Date of Disbursement or Obligation MM / DD / YYYY 06 / 15 / 2015
Name of Federal Candidate CARLY FIORINA		Office Sought: <input checked="" type="checkbox"/> House District: <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NM
Calendar Year-To-Date Per Election for Office Sought 336.98		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 15 / 2015
Mailing Address 83 CABOT ST		Amount 7.56
City BEVERLY	State MA	Zip Code 01915
Purpose of Expenditure ADVERTISING - ONLINE	Category/Type	Transaction ID : SE24.658 Date of Disbursement or Obligation MM / DD / YYYY 06 / 15 / 2015
Name of Federal Candidate CARLY FIORINA		Office Sought: <input type="checkbox"/> House District: <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought 336.98		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	15.12
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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CHRIS MARSTON
Signature

[Electronically Filed] Date **07 / 31 / 2015**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 324 OF 362
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00573154</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>				
Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 50px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 50px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>	
Mailing Address 83 CABOT ST			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 7.56	
City BEVERLY		State MA	Zip Code 01915	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>		
Name of Federal Candidate CARLY FIORINA			Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ State: NY	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 336.98			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 50px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 50px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>	
Mailing Address 83 CABOT ST			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 7.56	
City BEVERLY		State MA	Zip Code 01915	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>		
Name of Federal Candidate CARLY FIORINA			Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ State: OH	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 336.97			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 15.12	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>	
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>	
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Signature <u>CHRIS MARSTON</u>			Date <div style="display: inline-block; border-bottom: 1px solid black; width: 50px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 50px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 07 / 31 / 2015	
[Electronically Filed]				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 325 OF 362
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA			FEC IDENTIFICATION NUMBER ▼ C C00573154	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			M M / D D / Y Y Y Y Y Y	
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 15 / 2015		
Mailing Address 83 CABOT ST		Amount 7.56		
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SE24.661	
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 15 / 2015	
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: OK	
Calendar Year-To-Date Per Election for Office Sought		336.97	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 15 / 2015		
Mailing Address 83 CABOT ST		Amount 7.56		
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SE24.662	
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 15 / 2015	
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: OR	
Calendar Year-To-Date Per Election for Office Sought		336.97	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures.....		15.12		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
CHRIS MARSTON		[Electronically Filed]		Date
Signature				M M / D D / Y Y Y Y Y Y 07 / 31 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 326 OF 362
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00573154</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>				
Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">06</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">15</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;">2015</div>	
Mailing Address 83 CABOT ST			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 7.56	
City BEVERLY		State MA	Zip Code 01915	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type <div style="display: inline-block; border-bottom: 1px solid black; width: 60px;"></div>		
Name of Federal Candidate CARLY FIORINA			Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ State: PA	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 336.97			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">06</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">15</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;">2015</div>	
Mailing Address 83 CABOT ST			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 7.56	
City BEVERLY		State MA	Zip Code 01915	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type <div style="display: inline-block; border-bottom: 1px solid black; width: 60px;"></div>		
Name of Federal Candidate CARLY FIORINA			Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ State: PR	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 336.96			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶ <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 15.12				
(b) SUBTOTAL of Unitemized Independent Expenditures ▶ <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>				
(c) TOTAL Independent Expenditures..... ▶ <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>				
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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 327 OF 362
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA			FEC IDENTIFICATION NUMBER ▼ C C00573154	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY				
Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 15 / 2015	
Mailing Address 83 CABOT ST			Amount 7.56	
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SE24.665	
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type 	Date of Disbursement or Obligation MM / DD / YYYY 06 / 15 / 2015	
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: RI	
Calendar Year-To-Date Per Election for Office Sought		336.96	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 15 / 2015	
Mailing Address 83 CABOT ST			Amount 7.56	
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SE24.666	
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type 	Date of Disbursement or Obligation MM / DD / YYYY 06 / 15 / 2015	
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: SC	
Calendar Year-To-Date Per Election for Office Sought		2683.13	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			15.12	
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
CHRIS MARSTON		[Electronically Filed]	Date MM / DD / YYYY 07 / 31 / 2015	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 328 OF 362
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA		FEC IDENTIFICATION NUMBER ▼ C C00573154
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 15 / 2015
Mailing Address 83 CABOT ST		Amount 7.56
City BEVERLY	State MA	Zip Code 01915
Purpose of Expenditure ADVERTISING - ONLINE	Category/Type	Transaction ID : SE24.667 Date of Disbursement or Obligation MM / DD / YYYY 06 / 15 / 2015
Name of Federal Candidate CARLY FIORINA	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: SD
Calendar Year-To-Date Per Election for Office Sought 336.96		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 15 / 2015
Mailing Address 83 CABOT ST		Amount 7.56
City BEVERLY	State MA	Zip Code 01915
Purpose of Expenditure ADVERTISING - ONLINE	Category/Type	Transaction ID : SE24.668 Date of Disbursement or Obligation MM / DD / YYYY 06 / 15 / 2015
Name of Federal Candidate CARLY FIORINA	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: TN
Calendar Year-To-Date Per Election for Office Sought 336.96		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	15.12
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON

[Electronically Filed]

Date

MM / DD / YYYY
07 / 31 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 329 OF 362
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA		FEC IDENTIFICATION NUMBER ▼ C C00573154
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 15 / 2015
Mailing Address 83 CABOT ST		Amount 7.56
City BEVERLY	State MA	Zip Code 01915
Purpose of Expenditure ADVERTISING - ONLINE	Category/Type	Transaction ID : SE24.669 Date of Disbursement or Obligation MM / DD / YYYY 06 / 15 / 2015
Name of Federal Candidate CARLY FIORINA		Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: TX
Calendar Year-To-Date Per Election for Office Sought 336.96		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 15 / 2015
Mailing Address 83 CABOT ST		Amount 7.56
City BEVERLY	State MA	Zip Code 01915
Purpose of Expenditure ADVERTISING - ONLINE	Category/Type	Transaction ID : SE24.670 Date of Disbursement or Obligation MM / DD / YYYY 06 / 15 / 2015
Name of Federal Candidate CARLY FIORINA		Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: UT
Calendar Year-To-Date Per Election for Office Sought 336.96		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	15.12
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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CHRIS MARSTON

[Electronically Filed]

Signature

Date

MM / DD / YYYY
07 / 31 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 330 OF 362
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00573154</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>				
Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">06</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">15</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;">2015</div>	
Mailing Address 83 CABOT ST			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 7.56	
City BEVERLY		State MA	Zip Code 01915	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type <div style="display: inline-block; border-bottom: 1px solid black; width: 60px;"></div>		
Name of Federal Candidate CARLY FIORINA			Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ State: VA	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 336.96			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">06</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">15</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;">2015</div>	
Mailing Address 83 CABOT ST			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 7.56	
City BEVERLY		State MA	Zip Code 01915	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type <div style="display: inline-block; border-bottom: 1px solid black; width: 60px;"></div>		
Name of Federal Candidate CARLY FIORINA			Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ State: VI	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 336.96			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶ <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 15.12				
(b) SUBTOTAL of Unitemized Independent Expenditures ▶ <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>				
(c) TOTAL Independent Expenditures..... ▶ <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. <div style="display: flex; justify-content: space-between;"><div>CHRIS MARSTON _____ Signature</div><div>[Electronically Filed]</div><div>Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">07</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">31</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;">2015</div></div></div>				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 332 OF 362
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA		FEC IDENTIFICATION NUMBER ▼ C C00573154
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 15 / 2015
Mailing Address 83 CABOT ST		Amount 7.56
City BEVERLY	State MA	Zip Code 01915
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	Transaction ID : SE24.675 Date of Disbursement or Obligation MM / DD / YYYY 06 / 15 / 2015
Name of Federal Candidate CARLY FIORINA		Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: WI
Calendar Year-To-Date Per Election for Office Sought 336.96		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 15 / 2015
Mailing Address 83 CABOT ST		Amount 7.56
City BEVERLY	State MA	Zip Code 01915
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	Transaction ID : SE24.676 Date of Disbursement or Obligation MM / DD / YYYY 06 / 15 / 2015
Name of Federal Candidate CARLY FIORINA		Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: WV
Calendar Year-To-Date Per Election for Office Sought 336.96		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	15.12
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON

[Electronically Filed]

Signature

Date

MM / DD / YYYY
07 / 31 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 333 OF 362
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA		FEC IDENTIFICATION NUMBER ▼ C C00573154
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 15 / 2015
Mailing Address 83 CABOT ST		Amount 7.56
City BEVERLY	State MA	Zip Code 01915
Purpose of Expenditure ADVERTISING - ONLINE	Category/Type	Transaction ID : SE24.677 Date of Disbursement or Obligation MM / DD / YYYY 06 / 15 / 2015
Name of Federal Candidate CARLY FIORINA		Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: WY
Calendar Year-To-Date Per Election for Office Sought 336.96		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 16 / 2015
Mailing Address 83 CABOT ST		Amount 16.05
City BEVERLY	State MA	Zip Code 01915
Purpose of Expenditure ADVERTISING - ONLINE	Category/Type	Transaction ID : SE24.678 Date of Disbursement or Obligation MM / DD / YYYY 06 / 16 / 2015
Name of Federal Candidate CARLY FIORINA		Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: AK
Calendar Year-To-Date Per Election for Office Sought 336.98		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	23.61
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON

[Electronically Filed]

Signature

Date

MM / DD / YYYY
07 / 31 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 334 OF 362
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00573154</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>				
Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">06 / 16 / 2015</div>	
Mailing Address 83 CABOT ST			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">16.05</div>	
City BEVERLY		State MA	Zip Code 01915	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type <div style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></div>		
Name of Federal Candidate CARLY FIORINA			Office Sought: <input checked="" type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>AL</u>	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">06 / 16 / 2015</div>	
Mailing Address 83 CABOT ST			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">16.05</div>	
City BEVERLY		State MA	Zip Code 01915	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type <div style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></div>		
Name of Federal Candidate CARLY FIORINA			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶ <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">32.10</div>				
(b) SUBTOTAL of Unitemized Independent Expenditures ▶ <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>				
(c) TOTAL Independent Expenditures..... ▶ <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. <div style="display: flex; justify-content: space-between; align-items: flex-end;"><div style="width: 40%;">Signature <u>CHRIS MARSTON</u></div><div style="width: 20%; text-align: center;">[Electronically Filed]</div><div style="width: 30%; text-align: right;">Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">07 / 31 / 2015</div></div></div>				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 335 OF 362
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA			FEC IDENTIFICATION NUMBER ▼ C C00573154	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY	
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 16 / 2015		
Mailing Address 83 CABOT ST		Amount 16.05		
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SE24.681	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 06 / 16 / 2015	
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: AS	
Calendar Year-To-Date Per Election for Office Sought		336.98	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 16 / 2015		
Mailing Address 83 CABOT ST		Amount 16.05		
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SE24.682	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 06 / 16 / 2015	
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: AZ	
Calendar Year-To-Date Per Election for Office Sought		336.98	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		32.10		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
CHRIS MARSTON		[Electronically Filed]		Date
Signature				MM / DD / YYYY 07 / 31 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA		FEC IDENTIFICATION NUMBER ▼ C C00573154
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 16 / 2015
Mailing Address 83 CABOT ST		Amount 16.05
City BEVERLY	State MA	Zip Code 01915
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	Transaction ID : SE24.683 Date of Disbursement or Obligation MM / DD / YYYY 06 / 16 / 2015
Name of Federal Candidate CARLY FIORINA		Office Sought: <input checked="" type="checkbox"/> House District: <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought 336.98		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 16 / 2015
Mailing Address 83 CABOT ST		Amount 16.05
City BEVERLY	State MA	Zip Code 01915
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	Transaction ID : SE24.684 Date of Disbursement or Obligation MM / DD / YYYY 06 / 16 / 2015
Name of Federal Candidate CARLY FIORINA		Office Sought: <input type="checkbox"/> House District: <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: CO
Calendar Year-To-Date Per Election for Office Sought 336.98		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	32.10
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON
Signature

[Electronically Filed] Date MM / DD / YYYY
07 / 31 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA		FEC IDENTIFICATION NUMBER ▼ C C00573154
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 16 / 2015
Mailing Address 83 CABOT ST		Amount 16.05
City BEVERLY	State MA	Zip Code 01915
Purpose of Expenditure ADVERTISING - ONLINE	Category/Type	Transaction ID : SE24.685 Date of Disbursement or Obligation MM / DD / YYYY 06 / 16 / 2015
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Office Sought: <input type="checkbox"/> House District: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: CT
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
336.98		

Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 16 / 2015
Mailing Address 83 CABOT ST		Amount 16.05
City BEVERLY	State MA	Zip Code 01915
Purpose of Expenditure ADVERTISING - ONLINE	Category/Type	Transaction ID : SE24.686 Date of Disbursement or Obligation MM / DD / YYYY 06 / 16 / 2015
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Office Sought: <input type="checkbox"/> House District: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
336.98		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	32.10
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON
Signature

[Electronically Filed] Date MM / DD / YYYY
07 / 31 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA		FEC IDENTIFICATION NUMBER ▼ C C00573154
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 16 / 2015
Mailing Address 83 CABOT ST		Amount 16.05
City BEVERLY	State MA	Zip Code 01915
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	Transaction ID : SE24.687 Date of Disbursement or Obligation MM / DD / YYYY 06 / 16 / 2015
Name of Federal Candidate CARLY FIORINA		Office Sought: <input checked="" type="checkbox"/> House District: <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DE
Calendar Year-To-Date Per Election for Office Sought 336.98		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 16 / 2015
Mailing Address 83 CABOT ST		Amount 16.05
City BEVERLY	State MA	Zip Code 01915
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	Transaction ID : SE24.688 Date of Disbursement or Obligation MM / DD / YYYY 06 / 16 / 2015
Name of Federal Candidate CARLY FIORINA		Office Sought: <input type="checkbox"/> House District: <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought 336.98		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	32.10
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON
Signature

[Electronically Filed] Date **07 / 31 / 2015**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 339 OF 362
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA		FEC IDENTIFICATION NUMBER ▼ C C00573154	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 16 / 2015	
Mailing Address 83 CABOT ST		Amount 16.05	
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SE24.689
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 06 / 16 / 2015
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: GA
Calendar Year-To-Date Per Election for Office Sought		336.98	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 16 / 2015	
Mailing Address 83 CABOT ST		Amount 16.05	
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SE24.690
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 06 / 16 / 2015
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: GU
Calendar Year-To-Date Per Election for Office Sought		336.98	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		32.10	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
CHRIS MARSTON		[Electronically Filed]	
Signature		Date MM / DD / YYYY 07 / 31 / 2015	

Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>06 / 16 / 2015</div> </div>	
Mailing Address 83 CABOT ST		Amount <div> <div>16.05</div> </div>	
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SE24.691 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>06 / 16 / 2015</div> </div>
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type	
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: <u>HI</u>
Calendar Year-To-Date Per Election for Office Sought		<div> <div>336.98</div> </div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>06 / 16 / 2015</div> </div>	
Mailing Address 83 CABOT ST		Amount <div> <div>16.05</div> </div>	
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SE24.692 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>06 / 16 / 2015</div> </div>
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type	
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: <u>IA</u>
Calendar Year-To-Date Per Election for Office Sought		<div> <div>2583.19</div> </div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	32.10
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 341 OF 362
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA			FEC IDENTIFICATION NUMBER ▼ C C00573154	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY	
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 16 / 2015		
Mailing Address 83 CABOT ST		Amount 16.05		
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SE24.693	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 06 / 16 / 2015	
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: ID	
Calendar Year-To-Date Per Election for Office Sought		336.98	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 16 / 2015		
Mailing Address 83 CABOT ST		Amount 16.05		
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SE24.694	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 06 / 16 / 2015	
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IL	
Calendar Year-To-Date Per Election for Office Sought		336.98	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		32.10		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
CHRIS MARSTON		[Electronically Filed]		Date
Signature				MM / DD / YYYY 07 / 31 / 2015

Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>06 / 16 / 2015</div> </div>	
Mailing Address 83 CABOT ST		Amount <div> <div>_____</div> <div>16.05</div> </div>	
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SE24.695
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type <div> <div>_____</div> </div>	Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>06 / 16 / 2015</div> </div>
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: <u>IN</u>
Calendar Year-To-Date Per Election for Office Sought <div> <div>_____</div> <div>336.98</div> </div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____	

Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination <div> <div>M M / D D / Y Y Y Y</div> <div>06 / 16 / 2015</div> </div>	
Mailing Address 83 CABOT ST		Amount <div> <div></div> <div>16.05</div> </div>	
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SE24.696 Date of Disbursement or Obligation <div> <div>M M / D D / Y Y Y Y Y Y</div> <div>06 / 16 / 2015</div> </div>
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type	
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: <u>KS</u>
Calendar Year-To-Date Per Election for Office Sought		<div> <div></div> <div>336.98</div> </div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures.....		32.10
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures.....		

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA		FEC IDENTIFICATION NUMBER ▼ C C00573154
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 16 / 2015
Mailing Address 83 CABOT ST		Amount 16.05
City BEVERLY	State MA	Zip Code 01915
Purpose of Expenditure ADVERTISING - ONLINE	Category/Type	Transaction ID : SE24.697 Date of Disbursement or Obligation MM / DD / YYYY 06 / 16 / 2015
Name of Federal Candidate CARLY FIORINA		Office Sought: <input checked="" type="checkbox"/> House District: <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: KY
Calendar Year-To-Date Per Election for Office Sought 336.98		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 16 / 2015
Mailing Address 83 CABOT ST		Amount 16.05
City BEVERLY	State MA	Zip Code 01915
Purpose of Expenditure ADVERTISING - ONLINE	Category/Type	Transaction ID : SE24.698 Date of Disbursement or Obligation MM / DD / YYYY 06 / 16 / 2015
Name of Federal Candidate CARLY FIORINA		Office Sought: <input type="checkbox"/> House District: <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 336.98		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	32.10
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON
Signature

[Electronically Filed] Date **07 / 31 / 2015**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 344 OF 362
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA			FEC IDENTIFICATION NUMBER ▼ C C00573154	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY	
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 16 / 2015		
Mailing Address 83 CABOT ST		Amount 16.06		
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SE24.699	
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 06 / 16 / 2015	
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MA	
Calendar Year-To-Date Per Election for Office Sought		336.98	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 16 / 2015		
Mailing Address 83 CABOT ST		Amount 16.05		
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SE24.700	
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 06 / 16 / 2015	
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MD	
Calendar Year-To-Date Per Election for Office Sought		336.97	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		32.11		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
CHRIS MARSTON		[Electronically Filed]		Date
Signature				MM / DD / YYYY 07 / 31 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 345 OF 362
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00573154</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>				
Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>	
Mailing Address 83 CABOT ST			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>	
City BEVERLY		State MA	Zip Code 01915	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type <div style="display: inline-block; border-bottom: 1px solid black; width: 60px;"></div>		
Name of Federal Candidate CARLY FIORINA			Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ State: ME	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>	
Mailing Address 83 CABOT ST			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>	
City BEVERLY		State MA	Zip Code 01915	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type <div style="display: inline-block; border-bottom: 1px solid black; width: 60px;"></div>		
Name of Federal Candidate CARLY FIORINA			Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ State: MI	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>	
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <u>CHRIS MARSTON</u>			Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>	

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 346 OF 362
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA			FEC IDENTIFICATION NUMBER ▼ C C00573154	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY	
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 16 / 2015		
Mailing Address 83 CABOT ST		Amount 16.06		
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SE24.703	
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 06 / 16 / 2015	
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MN	
Calendar Year-To-Date Per Election for Office Sought		336.98	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 16 / 2015		
Mailing Address 83 CABOT ST		Amount 16.06		
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SE24.704	
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 06 / 16 / 2015	
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MO	
Calendar Year-To-Date Per Election for Office Sought		336.98	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		32.12		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
CHRIS MARSTON		[Electronically Filed]		Date
Signature				MM / DD / YYYY 07 / 31 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 347 OF 362
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA			FEC IDENTIFICATION NUMBER ▼ C C00573154	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / MM / YYYYYY				
Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination MM / MM / YYYYYY 06 / 16 / 2015	
Mailing Address 83 CABOT ST			Amount 16.06	
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SE24.705	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type 	Date of Disbursement or Obligation MM / MM / YYYYYY 06 / 16 / 2015	
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MP	
Calendar Year-To-Date Per Election for Office Sought 336.98		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination MM / MM / YYYYYY 06 / 16 / 2015	
Mailing Address 83 CABOT ST			Amount 16.06	
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SE24.706	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type 	Date of Disbursement or Obligation MM / MM / YYYYYY 06 / 16 / 2015	
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MS	
Calendar Year-To-Date Per Election for Office Sought 336.98		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			32.12	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
CHRIS MARSTON		[Electronically Filed]		Date MM / MM / YYYYYY 07 / 31 / 2015
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 348 OF 362
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA		FEC IDENTIFICATION NUMBER ▼ C C00573154	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 16 / 2015	
Mailing Address 83 CABOT ST		Amount 16.06	
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SE24.707
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 06 / 16 / 2015
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MT
Calendar Year-To-Date Per Election for Office Sought		336.98	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 16 / 2015	
Mailing Address 83 CABOT ST		Amount 16.06	
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SE24.708
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 06 / 16 / 2015
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		336.98	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.....		32.12	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures.....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
CHRIS MARSTON		[Electronically Filed]	
Signature		Date MM / DD / YYYY 07 / 31 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA		FEC IDENTIFICATION NUMBER ▼ C C00573154
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 16 / 2015
Mailing Address 83 CABOT ST		Amount 16.06
City BEVERLY	State MA	Zip Code 01915
Purpose of Expenditure ADVERTISING - ONLINE	Category/Type	Transaction ID : SE24.709 Date of Disbursement or Obligation MM / DD / YYYY 06 / 16 / 2015
Name of Federal Candidate CARLY FIORINA		Office Sought: <input checked="" type="checkbox"/> House District: <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: ND
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 16 / 2015
Mailing Address 83 CABOT ST		Amount 16.06
City BEVERLY	State MA	Zip Code 01915
Purpose of Expenditure ADVERTISING - ONLINE	Category/Type	Transaction ID : SE24.710 Date of Disbursement or Obligation MM / DD / YYYY 06 / 16 / 2015
Name of Federal Candidate CARLY FIORINA		Office Sought: <input type="checkbox"/> House District: <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NE
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	32.12
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON
Signature

[Electronically Filed] Date **07 / 31 / 2015**

Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>06 / 16 / 2015</div> </div>	
Mailing Address 83 CABOT ST		Amount <div> <div>16.06</div> </div>	
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SE24.711 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>06 / 16 / 2015</div> </div>
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type	
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President District: _____ State: <u>NH</u>
Calendar Year-To-Date Per Election for Office Sought		<div> <div>2583.19</div> </div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____

Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 16 / 2015	
Mailing Address 83 CABOT ST		Amount 16.06	
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SE24.712
Purpose of Expenditure ADVERTISING - ONLINE		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 06 / 16 / 2015
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: NJ
Calendar Year-To-Date Per Election for Office Sought		336.98	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	32.12
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 351 OF 362
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00573154</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>				
Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">06 / 16 / 2015</div>	
Mailing Address 83 CABOT ST			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">16.06</div>	
City BEVERLY		State MA	Zip Code 01915	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type <div style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></div>		
Name of Federal Candidate CARLY FIORINA			Office Sought: <input checked="" type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NM</u>	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">06 / 16 / 2015</div>	
Mailing Address 83 CABOT ST			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">16.06</div>	
City BEVERLY		State MA	Zip Code 01915	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type <div style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></div>		
Name of Federal Candidate CARLY FIORINA			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NV</u>	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶ <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">32.12</div>				
(b) SUBTOTAL of Unitemized Independent Expenditures ▶ <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>				
(c) TOTAL Independent Expenditures..... ▶ <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. <div style="display: flex; justify-content: space-between; align-items: flex-end;"><div style="width: 40%;">Signature <u>CHRIS MARSTON</u></div><div style="width: 20%; text-align: center;">[Electronically Filed]</div><div style="width: 20%; text-align: center;">Date</div><div style="width: 20%; text-align: center;"><div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">07 / 31 / 2015</div></div></div>				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 352 OF 362
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA		FEC IDENTIFICATION NUMBER ▼ C C00573154
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 16 / 2015
Mailing Address 83 CABOT ST		Amount 16.06
City BEVERLY	State MA	Zip Code 01915
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	Transaction ID : SE24.715 Date of Disbursement or Obligation MM / DD / YYYY 06 / 16 / 2015
Name of Federal Candidate CARLY FIORINA		Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NY
Calendar Year-To-Date Per Election for Office Sought 336.98		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 16 / 2015
Mailing Address 83 CABOT ST		Amount 16.06
City BEVERLY	State MA	Zip Code 01915
Purpose of Expenditure ADVERTISING - ONLINE	Category/ Type	Transaction ID : SE24.716 Date of Disbursement or Obligation MM / DD / YYYY 06 / 16 / 2015
Name of Federal Candidate CARLY FIORINA		Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: OH
Calendar Year-To-Date Per Election for Office Sought 336.97		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	32.12
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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CHRIS MARSTON

[Electronically Filed]

Signature

Date

MM / DD / YYYY
07 / 31 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 353 OF 362
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA			FEC IDENTIFICATION NUMBER ▼ C C00573154	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY	
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 16 / 2015		
Mailing Address 83 CABOT ST		Amount 16.06		
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SE24.717	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 06 / 16 / 2015	
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: OK	
Calendar Year-To-Date Per Election for Office Sought		336.97	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 16 / 2015		
Mailing Address 83 CABOT ST		Amount 16.06		
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SE24.718	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 06 / 16 / 2015	
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: OR	
Calendar Year-To-Date Per Election for Office Sought		336.97	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		32.12		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
CHRIS MARSTON		[Electronically Filed]		Date
Signature		MM / DD / YYYY 07 / 31 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 354 OF 362
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA		FEC IDENTIFICATION NUMBER ▼ C C00573154
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 16 / 2015
Mailing Address 83 CABOT ST		Amount 16.06
City BEVERLY	State MA	Zip Code 01915
Purpose of Expenditure ADVERTISING - ONLINE	Category/Type	Transaction ID : SE24.719 Date of Disbursement or Obligation MM / DD / YYYY 06 / 16 / 2015
Name of Federal Candidate CARLY FIORINA		Office Sought: <input checked="" type="checkbox"/> House District: _____ <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: PA
Calendar Year-To-Date Per Election for Office Sought 336.97		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 16 / 2015
Mailing Address 83 CABOT ST		Amount 16.06
City BEVERLY	State MA	Zip Code 01915
Purpose of Expenditure ADVERTISING - ONLINE	Category/Type	Transaction ID : SE24.720 Date of Disbursement or Obligation MM / DD / YYYY 06 / 16 / 2015
Name of Federal Candidate CARLY FIORINA		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: PR
Calendar Year-To-Date Per Election for Office Sought 336.96		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	32.12
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON

[Electronically Filed]

Signature

Date

MM / DD / YYYY
07 / 31 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 355 OF 362
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA			FEC IDENTIFICATION NUMBER ▼ C C00573154	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY	
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 16 / 2015		
Mailing Address 83 CABOT ST		Amount 16.06		
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SE24.721	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 06 / 16 / 2015	
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: RI	
Calendar Year-To-Date Per Election for Office Sought		336.96	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 16 / 2015		
Mailing Address 83 CABOT ST		Amount 16.06		
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SE24.722	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 06 / 16 / 2015	
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: SC	
Calendar Year-To-Date Per Election for Office Sought		2683.13	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		32.12		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
CHRIS MARSTON		[Electronically Filed]		Date
Signature				MM / DD / YYYY 07 / 31 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 356 OF 362
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA		FEC IDENTIFICATION NUMBER ▼ C C00573154
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 16 / 2015
Mailing Address 83 CABOT ST		Amount 16.06
City BEVERLY	State MA	Zip Code 01915
Purpose of Expenditure ADVERTISING - ONLINE	Category/Type	Transaction ID : SE24.723 Date of Disbursement or Obligation MM / DD / YYYY 06 / 16 / 2015
Name of Federal Candidate CARLY FIORINA		Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: SD
Calendar Year-To-Date Per Election for Office Sought 336.96		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 16 / 2015
Mailing Address 83 CABOT ST		Amount 16.06
City BEVERLY	State MA	Zip Code 01915
Purpose of Expenditure ADVERTISING - ONLINE	Category/Type	Transaction ID : SE24.724 Date of Disbursement or Obligation MM / DD / YYYY 06 / 16 / 2015
Name of Federal Candidate CARLY FIORINA		Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: TN
Calendar Year-To-Date Per Election for Office Sought 336.96		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	32.12
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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CHRIS MARSTON

[Electronically Filed]

Signature

Date

MM / DD / YYYY
07 / 31 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 357 OF 362
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA		FEC IDENTIFICATION NUMBER ▼ C C00573154
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 16 / 2015
Mailing Address 83 CABOT ST		Amount 16.06
City BEVERLY	State MA	Zip Code 01915
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: TX
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 16 / 2015
Mailing Address 83 CABOT ST		Amount 16.06
City BEVERLY	State MA	Zip Code 01915
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: UT
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	32.12
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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CHRIS MARSTON

[Electronically Filed]

Signature

Date

MM / DD / YYYY
07 / 31 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 358 OF 362
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA			FEC IDENTIFICATION NUMBER ▼ C C00573154	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY	
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 16 / 2015		
Mailing Address 83 CABOT ST		Amount 16.06		
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SE24.727	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 06 / 16 / 2015	
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: VA	
Calendar Year-To-Date Per Election for Office Sought		336.96	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 16 / 2015		
Mailing Address 83 CABOT ST		Amount 16.06		
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SE24.728	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 06 / 16 / 2015	
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: VI	
Calendar Year-To-Date Per Election for Office Sought		336.96	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		32.12		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
CHRIS MARSTON		[Electronically Filed]		Date
Signature				MM / DD / YYYY 07 / 31 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA		FEC IDENTIFICATION NUMBER ▼ C C00573154
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 16 / 2015
Mailing Address 83 CABOT ST		Amount 16.06
City BEVERLY	State MA	Zip Code 01915
Purpose of Expenditure ADVERTISING - ONLINE	Category/Type	Transaction ID : SE24.729 Date of Disbursement or Obligation MM / DD / YYYY 06 / 16 / 2015
Name of Federal Candidate CARLY FIORINA		Office Sought: <input checked="" type="checkbox"/> House District: <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: VT
Calendar Year-To-Date Per Election for Office Sought 336.96		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 16 / 2015
Mailing Address 83 CABOT ST		Amount 16.06
City BEVERLY	State MA	Zip Code 01915
Purpose of Expenditure ADVERTISING - ONLINE	Category/Type	Transaction ID : SE24.730 Date of Disbursement or Obligation MM / DD / YYYY 06 / 16 / 2015
Name of Federal Candidate CARLY FIORINA		Office Sought: <input type="checkbox"/> House District: <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: WA
Calendar Year-To-Date Per Election for Office Sought 336.96		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	32.12
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON
Signature

[Electronically Filed] Date **07 / 31 / 2015**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA		FEC IDENTIFICATION NUMBER ▼ C C00573154
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 16 / 2015
Mailing Address 83 CABOT ST		Amount 16.06
City BEVERLY	State MA	Zip Code 01915
Purpose of Expenditure ADVERTISING - ONLINE	Category/Type	Transaction ID : SE24.731 Date of Disbursement or Obligation MM / DD / YYYY 06 / 16 / 2015
Name of Federal Candidate CARLY FIORINA		Office Sought: <input checked="" type="checkbox"/> House District: <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: WI
Calendar Year-To-Date Per Election for Office Sought 336.96		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 16 / 2015
Mailing Address 83 CABOT ST		Amount 16.06
City BEVERLY	State MA	Zip Code 01915
Purpose of Expenditure ADVERTISING - ONLINE	Category/Type	Transaction ID : SE24.732 Date of Disbursement or Obligation MM / DD / YYYY 06 / 16 / 2015
Name of Federal Candidate CARLY FIORINA		Office Sought: <input type="checkbox"/> House District: <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: WV
Calendar Year-To-Date Per Election for Office Sought 336.96		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	32.12
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHRIS MARSTON
Signature

[Electronically Filed] Date **07 / 31 / 2015**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 361 OF 362
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA			FEC IDENTIFICATION NUMBER ▼ C C00573154	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY	
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 16 / 2015		
Mailing Address 83 CABOT ST		Amount 16.06		
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SE24.733	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 06 / 16 / 2015	
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: WY	
Calendar Year-To-Date Per Election for Office Sought		336.96	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee SWIFTKURRENT		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 22 / 2015		
Mailing Address 83 CABOT ST		Amount 127.60		
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SE24.323	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 06 / 22 / 2015	
Name of Federal Candidate CARLY FIORINA		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH	
Calendar Year-To-Date Per Election for Office Sought		2583.19	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		143.66		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
CHRIS MARSTON		[Electronically Filed]		Date
Signature				MM / DD / YYYY 07 / 31 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 362 OF 362
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR YOU AND FOR AMERICA			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00573154</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>				
Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">06</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">22</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;">2015</div>	
Mailing Address 83 CABOT ST			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 127.60	
City BEVERLY		State MA	Zip Code 01915	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type <div style="display: inline-block; border-bottom: 1px solid black; width: 60px;"></div>		
Name of Federal Candidate CARLY FIORINA			Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 2583.19			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee SWIFTKURRENT			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">06</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">22</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;">2015</div>	
Mailing Address 83 CABOT ST			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 127.60	
City BEVERLY		State MA	Zip Code 01915	
Purpose of Expenditure ADVERTISING - ONLINE		Category/Type <div style="display: inline-block; border-bottom: 1px solid black; width: 60px;"></div>		
Name of Federal Candidate CARLY FIORINA			Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: SC	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 2683.13			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 255.20	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>	
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 25709.13	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature CHRIS MARSTON			Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">07</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">31</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;">2015</div>	

[Electronically Filed]